V. S. No. 1

	N. BWRITE PLANALY, WITH UNFADING INK-THIS IS A PERMANENT RELACED. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
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TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(165) added on drug could
County Prince Learge Co	Registration Dist. No. 235
Village or City anacosta D. 4# 2	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
THE COLUMN AND ADDRESS OF THE COLUMN ASSESSMENT AND ADDRESS OF THE COLUMN ASSESSMENT AND ADDRESS OF THE COLUMN ASSESSMENT	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Roland Burnhay	Barbey.
(a) Residence: No. Quaeastin DC MH2 While (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  5. If married, widowed, or divorced	21. DATE OF DEATH  (Monthly (Day) (Year)
HUSBAND OF Julia Cheseldine Barber	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) July 15 1889 7. AGE Years Month's Days If LESS than	I last saw h
46 27 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
Rade, profession, or particular kind of work done, as SPINNER, Mucliment SAWYER, BOOKKEPER, etc	Hanging by a Horse
Kind of work done, as SPINNER, Machine 1  9. Industry or business in which work was done, as SILK MILL we supply the SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and spent in this says the spent in this says the s	Duskatation & Cerurais any 2
12. BIRTHPLACE (city or town) Washington D. C.  (State or country)	Other Contributory Causes of Importance:
13. NAME William D. Barber	Name of operation
(State or country) New yorks	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Jewice Bures  16. BIRTHPLACE (city or town) Young Young (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide? Secretal Date of injury 8/12, 1935.  Where did injury occur? Proceedings (Specify city or town, county and State)
17. INFORMANT Julia & Julian Colling Control of M. W. Worlungton	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Place Washington (Date 8/12 1935)	Nature of Injury Harying by a Rope
19. UNDERTAKER Thomas F. Murrayo Jon (Address) Washing Ton	24. Was disease or injury In env way related to occupation of deceased?
20. FILED 8-12 , 1935 - POMiner Registrar.	(Signed) Saul C Van Malla M.D. (Address) Blummy b. C. R. H.
If more blanks are needed, address State Resistrar,	2411 N. Charles Street, Baltimore, Requesting V. No. 3.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I				Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	S Date of onset		
Arteriosclerosis	7		1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis			1921	Run over by street car	1 week ago	
Cerebral hemorrhage	12 6	H	July 5,1927	Peritonilis	3 days ago	
	DZ 08	12P				
Other contributory causes	f importance	AH	and an	Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year		

V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

PHYSICIANS should state Exact statement of OCCUPA-

## STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	210-9
County Prince League	Registration Dist. No. 2 4 2
Village or City	NoSt., Ward
	f death occurred in a horpital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?yrsmosds.
0 4 0 0	
(a) Residence: No. Thomas Cue (Usual place of abode)	St. J. Marayland Park!  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of	7
(or) WIFE of Thomas & Benuss	22. I HEREBY CERTIFY, That altended deceased from
6. DATE OF BIRTH (month, day, and year) May 10, 1876	Nasaw h aiive on 19 , 19 , 19 , death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 6 m.
60 2 23 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Facture of skull Date of onset
SAWYER, BOOKKEEPER, etc.	Frature of jour
work was done, as SILK MILL, SAW MILL, BANK, etc.	creably thet, and
kind ot work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9, Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year) occupation	Pinched ling
	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town) (State or country)	man manu de carre
13. NAME	
14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy? 20
15. MAIDEN NAME  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL'ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Cocadean Date of injury 3 , 1935
(State of County)	Where did injury occur? (The County and State)
17, informant (Address)	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury auto mobile ocard at
Place Fairfrax, Va. Date Ging 6, 1935	Nature of Injury Crushing
19. UNDERTAKER UM. A. Sando 4 60. (Address) 4/2-4 st. M.E. Wash. 10 6.	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED Gug . 5, 1935 - Grace blow Registrar.	(Signed) (Signed) (Addless) (Addless)
- Jacky	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

15	xample I		Example II	
The principal cause of death and related causes Date of onset of importance were as follows:			The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	and the second second	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	3EL 10 100	1921	Run over by street car	1 week ago
Cerebral hemorrhage	WINT ALT V 6	July 5, 1927	Peritonitis	3 days ago
		i i		
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

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ARGIN RESERVED FOR BINDING	-WRITE PLANLY, WITH UNFADING INK-THIS IS A PERMANENT R	mation should be carefully supplied. AGE should be stated EXACTLY.	CAUSE OF DEATH in plain terms, so that it may be properly classified. Es	ate.
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V. S. No. 1

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 08938
1. PLACE OF DEATH	23
County France Geo.	Registration Dist. No. 242
Village or City pairment to the Mhg.	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME man Berry	
(a) Residence: No. 60 V - G. Massel Board.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH AUG. (Gay) (Year)
5a. If married, widowed or divorged HUSBAND of (or) WIFE of Webard & Server.	22. I HEREBY CERTIFY. That I attended daceased from
6. DATE OF BIRTH (month, day, and year) February 1897	Hast saw h el aliva on AUG. 14, 1925; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated abova, atm.
38 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance ware as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	PULMUNARY TUBERCULOSIS
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc.  10. Data decaased last worked at this occupation (month and spant in this	100000000000000000000000000000000000000
SAW MILL, BANK, atc.	
10. Data decased last worked at this occupation (month and year) year)	
PARTITION OF COMMENCE STATES SAND.	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) # 2000 100 100 100 100 100 100 100 100 10	
II 13. NAME GEORGE & Buttles.	
13. NAME SECTION 13. NA	Name of operation
(State of county)	What test confirmed diagnosis?
15. MAIDEN NAME Magaret Placet  16. BIRTHPLACE (city or town)  16. State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)  (Stata or country)	Accident, suicida, or homicide?
(State of Country)	Whare did injury occur? (Specify city or town, county and State)
(Address) Tarament L. F. Con ho	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place lashing long, Data lug 14, 1933	Nature of injury
19. UNDERTAKER AM / Slewast	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Ling. 16, 1955 Grace Down	(Signed) Willer W. D.
If more blanks are needed, address State Registrar,	(Address)  2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

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Example I  The principal cause of death and related causes Date of onset of importance were as follows:			Example II	
			The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	SEP 10 L.	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	HUREAU V. S	July 5,1927	Peritonitis	3 days ago
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
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ADDITIONAL SPACE 1	FOR FURTHER	STATEMENTS	BY PHYSICIAN
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MARGIN RESERVED FOR BINDING	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully sunnlied. AGE should be stated ENACTLY. PHYSICIANS should state
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1 DI	STATE ACE OF/DEATH	OF MARYLAND—	CERTIFICATE OF DEATH	939
	unty ruce	Glorain	Registration Dist. No. 24.3	7
	lage or City Wes	Tand	No. St.	War
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		f death occurred in a horpital or institution, give its NAME instead of street and nam	ber)
	- M1	where death occurred Transfer wise most	ds. How long In U.S. if of foreign birth?yrsmos	0
	Residence: No.	West 1	St. Ward.	
(4)	) Residence. No.	(Usual place of abode)	St., Ward.  If nonresident give city or town and Sta	ite
- 4		TISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. Sex	ale White	5. STRELE, MARRIED, WIDOWED; OR DIVORCED (write the word)	21. DATE OF DEATH (19) (0dy)	93 5 (Yaar)
HUSB	iad, widowed or divorced SANO of wife or wife or	o Bond	22. HEREBY CERTIFY. That I attended dec	eesad fro
6. DATE O	F BIRTH (month, day, and yaar)	June 30 - 1895	I last saw has alive on aug 16 1, 1935; d	leath is sa
7. AGE	Yours Mon	ths Days If LESS than 1 day, hrs. or min.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF OEATH and related causes of Importance were as follows:	ate of onse
8. Tr	ade, profassion, or particular kind of work dona, as SPINNE SAWYER, BOOKKEEPER, atc.	R. Hausewife		210 01 0nse
9. Inc	dustry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc.	//	Julimonay Suberculoses	
10.0a	te deceesad last worked at this occupation (month and year)	933 11. Total time (years) spent in this occupation 23		
	PLACE (city or town)	and and	Other Contributory Causes of Amportance:	
13. NA	AME Lasible	H. Richards		
14. BI	RTHPLACE (city or town)	- Mary	Neme of operation Data of	
	(State or country)	ma	Whet test confirmed diagnosis? Was there en auto	psy?
15. M/	AIDEN NAME Mary	ant & Toldshully	23. If death was due to external causes (VIOLENCE) fill in also tha following:	
O 16, BI	RTHPLACE (city or town)	Md	Accidant, suicide, or homicida? Date of Injury Where did injury occur?	_, 19
17. INFORM	1./	Bons	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE	
	L, CREMATION, OR MEMOVAL		Mannar of injury	
Pla	ice Storsehead	mcle Oata Ling 21 , 1935	Natura of injury	
19. UNOER	TAKER Pitchie	Brothers my	24. Was disease or injury In any wey related to occupation of daceased?	V
20. FILED	Jug 19 135 6	Ernest W. Harne	(Signad) Welliamy At. The horn	M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	7	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial negligitis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
	7.5		100
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH plnods PHYSICIANS Length of residence in city or town/where death occurred statement 2. FULL NAME (a) Residence: No. (Usual place of abode) Exact PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) PERMANENT stated EXACTL ARGIN RESERVED FOR BINDING classified. 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, end year) 7. AGE If LESS than Days 1 dey,\_\_\_\_hrs. or .... min. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc..... OCCUPATION J0 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... may back plnods 10-Date deceased last worked at 11. Totel time (years)
spent in this See instructions on this occupation (month and that occupation \_\_\_\_\_ 08 12. BIRTHPLACE (city or town (State or country) supplied. in plain terms, FATHER 14. BIRTHPLACE (city or town) (State or county) mation should be carefully MOTHER TION is very important. 15. MAIDEN NAME CAUSE OF DEATH 16. BIRTHPLACE (city or town (State or country) 17. INFORMANT -WRITE PLA (Address)

08940

<u> </u>
Registration Dist. No. 2.3 2
NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long in U.S. If of foreign birth?yrsmosds.
won ) Brown
St., Ward.  If nonresident give city or town and State
MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH  (Month)  (Dey)  (Year)
22. I HEREBY CERTIFY. That I attended deceased from  19
The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:  Date of onset
albudance
Other Contributory Causes of Importance:
Name of operation Date of
23. If death was due to external ceuses (VIOL ENCE) fill in also the following:
Accident, suicide, or homicide?
Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
M41 t m.
Manner of Injury
Nature of injury
24. Was disease or injury In any way related to of upation of deceased?
(Signed) (Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimord Requesting U. S. No. 1.

M

19. UNDERTAKER (Address)

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis RECEIVEDI	1915	Attack of epilepsy	1 week ago	
Chronic interstitial hephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage SEP 5 1935	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance.		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

Exact statement of OCCUPA-

RD. Every item of infor-

STATE OF MARYLAND-CERTIFICATE OF DEATH

08941

1 1	. PLACE OF DEATH	(95-E) AS (1
10171	County Grand Gengal	Registration Dist. No.
2		No. St., Ward  f death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foraign birth? yrs. mos. ds.  St., Ward.  If nonresident give city or town and State
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3.	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
6. 1	If married, widowed, or divorcad  HISPAND  (or) WIFE of Clark  DATE OF BIRTH (month, day, and year)  AGE  Years  Months  Days  If LESS than  1 day,hrs.  ormin.  8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was dona, as SILK MILL, SAW MILL BANK atc.	19.33, to
12.	SAW MILL, BANK, etc  10. Date decaased last worked at this occupation (month and year)  BIRTHPLACE (city or town)  (State or country)  13. NAME	Other Contributory Causes of importance:  Coronary Emplus 8/8/3
FATHE	14. BIRTHPLACE (city or town) - S. Lanton - Pas:	Nama of operation Date of What test confirmed diagnosis? Was there an autopsy? App
MOTHER 12	15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  Starton  NFORMANT  Many  Solomon	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicida, or homicide?
	(Address)  BURIAL, CREMATION, OR REMOVAL  Place Muifift Date aug 11, 1920  UNDERTAKER OF integral Selly	Manner of injury  Natura of Injury  24. Was diseasa or Injury In any way related to occupation of deceasad?
20.	FILEDULG 10 , 135 M. Brusheard Registrar.	(Signed) (Address) M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I		Example II	
The principal cause of importance were a	of death and felated/causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	SEP 8 1935	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory ca	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1.

STATE OF MARYLAND	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	46.8
County Prince Teorges	Registration Dist. No. 230
	No. St., Ward  If death occurred in a horpital or institution, give its NAME instead of street and number)
	sds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME What James 10 voffer	Uf U.S. Veteran apecify WAR.
(a) Residence: No. 13 Lwwy, M. W. J. (Usual place of abode)	. St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Nule 4. COLOR OR RACE S. SINGLE, MARRIFD, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 3 / (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of Oar) WIFE of Mary & Cothin (december)	22. IHEREBY SERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Acat. 16, 1859	I last saw h elive on 9/3-0 19-3 death is said
7. AGE Years Months Days II LESS than	to have occurred on the date steted above, at 3.2.
75   1   15   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, p ofession, or perticular kind of work done, as SPINNER.	Descriptions
kind of work done, as SPINNER, Kettred SAWYER, BOOKKEEPER, etc.  9. Industry or business in which	Carcinna. Oylow.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Dato deceased last worked et 11. Total time (years)	
10. Dato deceased last worked et this occupation (month and spant in this	
year) occupation (month and occupation	
12. BIRTHPLACE (city or town) Multon, Delaware	Other Contributory Causes of Importance:
(State or country)	
13. NAME Jacob Mutter boffin  14. BIRTHPLACE (city or town) Delaward Control of Control	
14. BIRTHPLACE (city or town) Llaward	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an au opsy?
15. MAIDEN NAME Matilda um Blockem  16. BIRTHPLACE (city or town) Delaware	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Accident, suicide, or homicide? Date of Injury, 19
1 Mach	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) (Address) Musing Cand	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, GREMATION, OR REMOVAL	Manner of Injury
Place Nimmy m. Wel. Date Lent. 4, 1935	- Nature of injury
19. UNDERTAKER 7 Gas che Sone	24. Was disease or Injury In any way related to occupation of deceased?
(Address) Heyalterille, med	If so, specify
20. FILED Left - 1 -, 19 \$ 15 John D. Smith Registrar.	(Signed) M.D.  (Ardress) Zamo
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Balimore, Requesting U. S. No. 1.

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Example I	-3	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis Str 4	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

ARGIN RESERVED FOR BINDING	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT
FOR	IS IS A
RVEI	K—THI
RESE	NG INE
ARGIN	UNFADE
	WITH
	LAINLY,
17	ITE PI
No. 1	WR
V. S. No. 1	N. H

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

RD. Every item of infor-

Exact statement of OCCUPA-

STATE	OF	MARYLAND—CERTIFICATE	OF	DEATH
EATH		(02.0)		

00040

	1. PLACE OF			I MIAN	TLAND			AII	00349
	County	PRINC	E GEORGES	3.			Registrati	ion Dist. No.	39
	Village or Ci			death occurred	Vrs mos	No. LAUREL SA death occurred in a horpital or 2 ds. How long in U.	NITARIUM institution, give its NA	St.,	Ward number)
	2. FULL NAI		4				o or lovelgn billing		
1	(a) Resident	- h. Y	4			Ct Word	Washingto	on D.C.	
	(a) Nesidein	.c. NO	tuzu_1	(Usuai plac	e of abode)	St., Ward.	If nonresion	dent give city or town	and State
_		AL AN	D STATIST	ICAL PART	ICULARS	MEDICA	L CERTIFICA	TE OF DEATH	1
3.	female.		R OR RACE	OR DIVORC	RRIED, WIDOWED, ED (write the word) LOWED.	21. DATE OF DEAT	(Month)	15 (Day)	, 193 <u>5</u> (Year)
5a	If married, widow HUSBANO of								
_	(or) WIFE of	lenry	Clay Col	leriter		22. I HERE August 13		August 15	ded deceased from
6.	DATE OF BIRTH (	month, da	v and year) Jur	ne 20 185	8.	I last saw h er alive o	Assessment 1	5 1935 <sub>• 19</sub>	death is said
	AGE Year		Months	Oays	If LESS than	to have occurred on the date	stated above, at 11	,26 m. A.M.	
	7	7	1	25	1 day,hrs.	The PRINCIPAL CAUSE OF were as follows:	DEATH and related of	causes of Importance	Date of onset
NOI	8. Trade, profes kind of w SAWYER,	sion, or p ork done, BOOKKE	articular as SPINNER, HC PER, etc.	ousewife.		Chronic myo	carditis.		
8. Trade, profession, or particular kind of work done, as SPINNER, Housewife.  SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, Domestic.  SAW MILL, BANK, etc  10. Date deceased last worked at this coveration (years) 50			About one y						
220	10. Date decease this occup	d last wo	rked at nth and 5 yr	Se 11. Total	time (years) 50 ent In this				
12	BIRTHPLACE (cit (State or coun	y or town)		g Va.		Other Contributory Cancer of Senile Psych (Since July	osis. abo	out 4 years	
ER	13. NAME Wi	llia	n Wroe Pa	yne.					
FATHER	14. BIRTHPLACE (State or		own) Washi	ngton D	C.	Name of operation		Date o	
HER	15. MAIDEN NAM	ME An	na Eliza			23. If death was due to extern			
MOT	16. BIRTHPLACE (State or	(city or to	wn) Virgi	nia.		Accident, suicide, or homicide	ie? no	Date of Injury	_
17.	INFORMANT	Clin	ical reco	rds, Lau	rel Sanitar	1 Specify whether injury occur	(Specify city	v or town county and	State) PLACE.
18	SURVAL, CREMATI	ON, OR	REMOVAL	Date	117h3	Manner of injury 10			
19	UNDERTAKER (Addless)	1	my	ruser	)	24. Was disease or injury In		cupation of deceased?	no
20	FILED LIGHT	S	1935 M.	Biasi	heave	if so, specify	G. Im	nen	M. D
	//				Registrar.	(Address)	willsam	warmen,	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. Jaure

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Example-I		Example II	9.016
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis •	1 year

1. PLACE OF DEATH  County Truce George  Registration Dist. No.	45
County of Marie	45
Village or City Hoy attaville No Sacred Heart though	Ward
(If death occurred in a horpital or institution, give its NAME instead of street at Length of residence in city or town where deeth occurredyrs	nd number)
2. FULL NAME Mary Hechan	
(a) Residence: No Court / Recart Homest, Ward. Fairfux Va. (Usual place of abode) Ward. Fairfux Va.	and State
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWEO, OR DIVORCED (partic the word)  5. H. massied, widowed, or divorced  (Month)  (Oey)	, 1935 (Yeer)
HUSBANO of Cor) WIFE of Parces Fig. 1 MEREBY CERTIFY. Thet I ettend	ed deceesed from
6 DATE OF PIPTU (month day and year) March 10, 1869   last saw by allines and a	1935
Tiest sew II- 42 - elive on - 32-1- 1 193	ے: deeth is seid
1 dey,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8 Trade profession or particular	Date of onest
8. Trede, profession, or perticuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	1/8/35
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.  10. Dete deceesed jest worked at this received by the security of	
10. Dete decessed lest worked at this occupation (month end year)	
12. BIRTHPLACE (city or town) Facinfax Station Other Contributory Causes of importance:  (State or country)	
# 13. NAME Catrick Raurise. Cardin vernular ranal mourse	
13. NAME Catrick Caurise  14. BIRTHPLACE (city or town)  Name of operation  Dete of	
(Stete or country)  Whet test confirmed diegnosis?  Westhere a	n eutopsy?
15. MAIDEN NAME CUSSION 23. If deeth wes due to externel causes (VIOLENCE) fill in also the foliow Accident, suicide, or homicide? Oete of Injury	
Where did injury occur?	
17. INFORMANT Our town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC (Address) 5505 33 MW 10 R	tate) PLACE,
18. BURIAL CREMATION OR REMOVAL Manner of injury	
Plate an flation Octe lug 17, 1935 Neture of injury	
19. UNDERTAKER With Champers 6 2  24) Wes disease or injury in any was refeted to occupation of deceased?  (Address) / 400 Lo La Juin M. M. W. A. Prog. specify	
20. FILED Lia 17" 1935 Mrs. Janes Overs (Signed) Minar Mallingly	M, O.
If more blanks droneeded, address late Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.	6 10 to

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li di	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RE

PHYSICIANS should state RD. Every item of infor-

stated EXACTLY.

AGE should be

See instructions on back of certificate.

Exact statement of OCCUPA-

CAUSE OF DEATH in plain terms, so that it may be properly classified. mation should be carefully supplied. TION is very important. V. S. No. 1 N. B.

	STATE C	F MARYLAND—	CERTIFICATE OF DEATH 08945
1. PLACE OF	DEATH		93-2
County	ruice.	George.	Registration Dist. No. 235
Village or Ci	tv Silver	Hill	NoSt.,Ward
	lence in city or town where o		death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long in U.S. il of loreign birth?yrsmosds.
2. FULL NAM	ME Willian	a ambrosa	Foruler
(a) Residence	ce: No. auaco	(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSON	AL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Quy 5 (Day) (Year)
5e. If married, widowe HUSBAND of (or) WIFE of	Frence	Forler 40	22. I HEREBY CERTIFY. That I ettended decessed from
6. DATE OF BIRTH (1	month, day, and yeer)	uly 31-1895	Mast sew h Asser elive on Asset 5., 1935; death is seld
7. AGE Year 4-0. "	s Months	Deys If LESS than 1 day,hrs. ormin,	to have occurred on the date steted above at
8. Trade, profess kind of w	sion, or particular ork done, as SPINNER, 7 BOOKKEEPER, etc.	Jurse	acute my and a Date of onset cuy 57935
	done, as SIEK MILL, SALL, BANK, etc.	Elizabeth Hospital	Chronic Toxic regoladilie
		11. Total time (years) spent in this occupation _ /D year	He
12. BIRTHPLACE (city (State or coun		langton	Other Courtibutory Causes of importance:  Occupe alesholic July
13. NAME Z	me g.	Forwles	gastroenteritt 13
(State of		shirpton	Name of operation Dete of What test confirmed diagnosis? Wes there an autopsy?
五 15. MAIDEN NAM	ME Mary	grace White	23. If deeth wes due to externel causes (VIOL ENCE) fill in also the following:
16, BIRTHPLACE  State or		Wachington	Accident, suicide, or homicide?
17. INFORMANT (Address)	mar H.	Towler	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, GREMATI	lar Hell	Dete 8/8 ,1635	Manner of injury
19. UNDERTAKER 7	homas Fr	nunayton	24. Was disease or injury in any way releted to occupation of deceased?
20. FILE LLL	6,35	Jonima	(Signed) Faul CVan Valla M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. No. 1.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
The principal cause of death and related cause of importance were as follows:  Arteriosclerosis		The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage Str 10 100	July 5,1927	Peritonitis	3 days ago
BUREAU V.	5.		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BX	PHYSICIAN

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V. S. No. 1

(Address) Benning W.C. / Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Perilonitis	3 days ago
- S.	Real Control of the Art of the Control	
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  Atlack of epilepsy  Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

V. S. No. 1

)	item of infor-	should state	of OCCUPA-	1
	EcoRD. Every	PHYSICIANS	xact statement	
DIMPING	PERMANENT R	EXACTLY.	y classified. E.	ite.
D FOR	IS IS A F	be stated	be properl	of certifica
TARGIN RESERVED FOR BINDING	DING INK-TH	d. AGE should l	, so that it may !	uctions on back o
DARK	Y, WITH UNF	carefully supplied	'H in plain terms	ortant. See instr
	N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
	N. B.		(	1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08947
1. PLACE OF DEATH	73:0)
County PRINCE GEORGE	Registration Dist. Np. 2538
Village or City Silver Hill Ma	NoSt.,Ward death occurred in a horpital or iostitution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	
2. FULL NAME John Loyd.	Tibbons
(a) Residence: No. Silver Hall.	St., MA Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the ward)  White  Name of the word)	21. DATE OF DEATH august 10, 1935
5a. If married, widowed, or divorced HUSBAND of Golden Golden Golden	22. I HEREBY CERTIFY, That I attended deceased from 19 35 to aug. 10 19 35
2014 19 1961	I last sawh. J.M. alive on AUG. 9, 1935; death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2.10A.m.
744 43 17 10 11 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance ware as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Dairay Mana. SAWYER, BDDKKEPER, etc	Tympheshe Leupenna 6.1.34
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business In which work was done, as SILK MILL. SAW MILL, BANK, atc.  10. Date dacaased last worked at this corruption (month and the same to be seen	
10. Date dacassed last worked at this occupation (month and sure 1935 spent in this occupation occupation	
	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town)  (Stata or country)	
13. NAME Welliam L. Gibbo	43
14. BIRTHPLACE (city or town)	Name of operation Data of
(State of country)	What test confirmed diagnosis? here years Was there an autopsy? Ast
I 15. MAIDEN NAME SICE S. De Mun.	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Sice Sommun.	Accident, suicide, or homicide?, 19, 19, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mrs. Edille & Gibbon (Address) Silver Hill mid	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place of marys chapter Date way, lat 15	Nature of injury
19. UNDERTAKER AV AV. Chambers (Addrass) 5/7-1/21	24. Was disease or injury in any way related to occupation of dacaased?
20. FILED aug 1/ 19 They of Friend	(Signed) A Europe Cole M. D.
Registrar.  If more blanks are needed, address State Revistrary	(Address) 6 27 Collect Copillo 1

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The principal cause of death and related causes			
of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	19312	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1920	Personitis	3 days ago
Other contributory causes of importance:	100	Other contributory causes of importance:	
Gallstones	May 1, 1923	Gastroenteritis	1 year

V. S. No. 1

)	ery item of infor-	NNS should state	ent of OCCUPA-	
AARGIN RESERVED FOR DINDING	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RES. RD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
	N. B		(	7

	CERTIFICATE OF DEATH 08948
1. PLACE OF DEATH County of Single George.	Registration Dist. No. 233
Village or City Droom (If	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.  2. FULL NAME Mary Q. Libbons	ds. How long In U.S. if of foreign birth?yrsmosds.
(a) Residence; No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) White Whate	21. DATE OF DEATH  (Month)  (Oay)  (Year)
5a. If married, wildowed, or divorced HUSBAND of (or) WHTE of William A. Sibbous	22. I HEREBY CERTIFY. That I attended deceased from 1935, to aug., 1935
6. DATE OF BIRTH (month, day, and year) March 312-1869	Vast saw h ; death is said
7. AGE Years Months Oays If LESS than 1 day, hrs. or min.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER. Souce Wife. SAWYER, BOOKKEEPER, etc. Souce Wife. SAWYER, BOOKKEEPER, etc. Souce Wife. SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spent in this spent in this	Dete of onset
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Croome Sta. (State or country) Gr. Sev. Co. md.	Other Contributory Causes of importance:
13. NAME (NYT IN. Delley	
13. NAME W. W. Duley.  14. BIRTHPLACE (city or town) Propose Sta mc.  (Stete or country) Pr. Seo. Co.	Name of operation
	Whet test confirmed diagnosis? Wes there an autopsy?
15. MAIOEN NAME Susan Banahury 16. BIRTHPLACE (city or town) Maryland (State or country) Maryland	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT Croom Malitoria	Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place St. Lomas Oate Aug 31, 19 35	Manner of injury
19. UNDERTAKER Detaches Poras. (Address) upper marelsono mgl.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED ang 29, 1935 Ernest W. Garnes	(Signed) M May My Mondo M. D. (Address) room my

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	=11	Example II	
The principal cause of death and related gauses of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis SEF 3	1921	Run over by street car	1 week ago
Cerebral hemorrhage	S July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FU	RTHER STATEMEN	SBY	PHYSICIAN
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-WRITE PL. LY, WITH UNFADING INK-THIS IS A PERMANENT RI RD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. ARGIN RESERVED FOR BINDING

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County TT1	nce Geor	ge			No. 245
	#dmonsto		(1	No. 2nd and Walls Aye.	St., Wa
				ds. How long in U.S. if of foreign birth?	
2. FULL NAME			n Graves		
(a) Residence: N	o. and	(Usual place		St., Ward.	city or town and State
PERSONAL	AND STATIST			MEDICAL CERTIFICATE OF	
	olor or RACE White	S. SINGLE, MAI	RRIED, WIDOWED,	21. DATE OF DEATH  (Month)	3 193 ×
a. If married, widowed, or HUSBAND of (or) WIFE of BUD		abeth Gr	raves	1	(Day) (Year)
		Sept 2,	1861	, 195 9 , 10	19/
. AGE Yeers	Months	Days	If LESS than	to have occurred on the date stated above, et.  The PRINCIPAL CAUSE OF DEATH and related causes of	
/-		/	ormin.	were as follows	Date of on
8. Trade, profession, of kind of work do SAWYER, BOOK	or particular one, as SPINNER,	Wail Cla	rk	Worm musiffer	wy 197)
Industry or busine	ss in which				
SAW MILL, BAI	VK, etc	Reilroad			
10 Date deceased last this occupation year)	(month and   9:	30 11. Total	time (years) ent in this 35 upation		
2. BIRTHPLACE (city or to (State or country)	wn)N~W	York		Other Coutributory Causes of importance:	ope
13. NAME U	rliah Gra	VOS			
14. BIRTHPLACE (city (State or count	or town)	w York		Name of operation	
15. MAIDEN NAME	Lucino	la Stong	0	23. If death was due to external causes (VIOLENCE) fill in a	
16. BIRTHPLACE (city (State or count	or town)	w York		Accident, suicide, or homicide? Date of the suicide, or homicide? Date of the suicide, or homicide?	of Injury
7. INFORMANT TYP (Address)	s. Jes. F	Benson on, Md.		(Specify city or town Specify whether injury occurred In INDUSTRY, In HOME, of	, county and State) or In PUBLIC PLACE.
8. BURIAL, CREMATION, C	R REMOVAL Lincoln	Moles Aug	. <b>5</b> ,1975	Manner of Injury	
9. UNDERTAKER	rancis Ga Hyattsvil	sch's S	ons	24. Was disease or injury in any way related to occupation  If so, specify	of deceased?
FILED Gug 5	"1935 M	. ()	0/00	(Signed) The Will	N

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Chronic interstitial nephritis LIVED	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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1. PLACE

2. FULL N (a) Resid PERSC

5a. If married, wid HUSBAND of (or) WIFE of

6. DATE OF BIRT

10. Date dece this oc

12. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

17. INFORMANT

19. UNDERTAKER

(Address)

(Address)

14. BIRTHPLACE (city or town)

16. BIRTHPLACE (city or town) (State or country)

18. BURIAL, CREMATION, OR REMOVAL

(State or country)

3. SEX

7. AGE

OCCUPATION

FATHER

MOTHER

TION is

V. S. No.

			08950	
STATE O	F MARYLAND-	CERTIFICATE OF DE	ATH	
PLACE OF DEATH	tes/Pu	SSON : Registration	n Dist. No. 240	
Village or City Wald		No. No. Security of death occurred in a hospital or institution, give its NA	St., Ward	
Length of residence in city or town where de	eath occurredyrs mos	ds. How long in U.S. if of foreign birth?	yrsmosds.	
FULL NAME Nous	all Str	een		
(a) Residence: No.	(Usual place of abode)	St., Ward.	nt give city or town and State	
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month)	20, 193 S (Day) (Year)	
married, widowed, or divorced HUSBAND of (or) WIFE of			FY, That I attended deceased from	
ATE OF BIRTH (month, day, and year)	ec 1-1934	I last saw h alive on any	19.35; death is said	
E Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at	uses of importance	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		000	Date of onset	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		Mera Inf	auttu	
O. Date deceased last worked et	11. Total time (years)			

Name of operation What test confirmed diagnosis?\_\_\_\_\_ Wes there an autopsy?\_\_\_\_ 23. If death was due to external causes (VIOL ENCE) fill in also the following:

Accident, suicide, or homicide?\_\_\_\_\_ Date of injury\_\_\_\_ Where did injury occur?\_\_\_

(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of Injury

Other Contributary Causes of importance:

(Signed)

24. Was disease or injury In any way related to occupation of deceased?

If so, specify

(Address) .... / ... K... Co

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

occupation \_\_\_\_

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MIDEAU V. S.	7		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

d. Every item of infor-

V. S. No. 1

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Chronic interstitial nephritis 4 1035	1921	Run over by street car	1 week ago
Cerebral hemorrhage SLI V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of

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V. S. No. 1

09225 STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DE	ATH	N MAIN	LAND	——— ®
County Prince George				Registration Dist. No. 240
Village or City	Brandyw			Np. St Ward
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME	Stil	lborn Ja	ackson	
(a) Residence: No.		(Usual place	of abode)	St.,
PERSONAL A	ND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
	or or race	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH  Aug. 9, 1935, (Year)
5a. If married, widowed, or di HUSBAND of	vorced		ne jest net	
(or) WIFE of				22. 1 HEREBY CERTIFY, That i attended deceased from
C DATE OF BIRTH (month)	Δ.	ug 9,	1935	I last saw h alive on 19 death is sal
6. DATE OF BIRTH (month, of 7. AGE Years	Months	Days	if LESS than	to have occurred on the date stated above, at 10 P m.
			1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or	particular		1 Or	were as follows: Date of onset
8. Trade, profession, or kind of work don SAWYER, BDOKK	e, as SPINNER, EEPER, etc			STILLBIRTH
9 Industry or business work was done, a	in which			0 1
kind of work don SAWYER, BDOKK  9/industry or business work was done, a SAW MILL, BANI 10. Date deceased last this occupation (r	(, etc	l 12 Tatal	ima (mana)	Tremature
this occupation (r	nonth and	spe	ime (years) nt in this upation	
				Other Contributory Causes of importance:
12. BIRTHPLACE (city or tow (State or country)	n) Md.			
13. NAME Wil	lliam H.	Jackson	n	
13. NAME W13	,	hington	, D. C.	Name of operation Date of Was there an autopsy?
15. MAIDEN NAME	Pear	1 Jacks	on	23. If death was due to external causes (VIDL ENCE) fill in also the foilowing:
15. MAIDEN NAME  16. BIRTHPLACE (city or (State or country)	town) Cha		., Md.	Accident, suicide, or homicide? Date of injury, 19  Where did injury occur?
17. INFORMANT Anganda Jackson, (Address) Mandyline Ma			ma	(Specify city or town, county and State) Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL  Place - Date Jung 9-19			9-19-5	Manner of injury
19. UNDERTAKER Thes. Winters (Address) Brandy win Md.				24. Was disease or injury in any way related to occupation of deceased?
20. FILED Oct 2	1,1935.	wo Ke	Smith Registrar.	(Signed Mrs. J. Smith Local legisted
	16	1	U C P :	Note that the second second

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting W.S. No. 1.

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Sea Pour				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

stated EXACTLY. PHYSICIANS should state of OCCUPA. Exact statement properly classified. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be AGE should be mation should be carefully supplied. TION is very important.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

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1. PLACE OF DEATH  County Sunce George	Registration Dist. No. 245		
Village or City Hay Alexand	NoSt.,Ward  If death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?yrsmosds.		
2. FULL NAME (Sau Jackson, ?			
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  M. Mego. Married the word)	21. DATE OF DEATH  Amonth  (Day)  (Year)		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. A HEREBY CERTIFY, That I attended deceased from 19 35 to aug 10 19 35		
6. DATE OF BIRTH (month, day, and year)	I last saw h an aliva on ang 10 1935; death is sald		
7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date statad above, atm.  Tha PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:		
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Tractured Huel. 8-10-3		
9. Industry or business in which work was done as SILK MILL.	Thock. 8-10-28		
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year) year) occupation.	Railroad accidenta Cevis R.		
12. BIRTHPLACE (city or town) ? Unknown (Stata or country)	Other Contributory Causes of importance:  Lilled rucker, freeth car		
	at Hyack soule med		
13. NAME  14. BIRTHPLACE (city or town)  (Stata or country)	Name of operation Date of		
	What test confirmed diagnosis? Was there an autopsy? Was there an autopsy? Was there are autopsy?		
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	23. If death was dua to external causes (VIDL ENCE) fill in also the following:  Accident, suicide, or homicide? ————————————————————————————————————		
17. I NFORMANT	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL Place - Aladerson one q Date - Cusy 13., 19.3.	Manner of injury Railsond accident.  Nature of Injury		
19. UNDERTAKER Jacobson Jackson Jackso	24. Was disease or injury in any way related to occupation of deceased?  If so, specify		
20. FILED ag 13, 1935 Mis Jas Daver	(Signed) Thus I caul J. M. D. (Addisos) Querdale md.		
If more blanks are needed, actoress State Registrar	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.		

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Chronic interstitial nephritis SEP 5 1935	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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AINLY, WITH UNFADING INK-THIS	d be carefully supplied. AGE should be	DEATH in plain terms, so that it may be	important. See instructions on back of c
E PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECRD. Every item of in	should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should st	OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUI	s very important. See instructions on back of certificate.

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MIREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

# ARGIN RESERVED FOR BINDING

Count	E OF DEATH	in G	60 1	English and	— 93-c	ation Dist. No. 23	39
NOS MINTE	e or City	well	md	No.		St.,	War
Length	of residence In city of tox	vn where death occur	red 16 yrs 1	· ·	a hospital or institution, give its low long in U.S. if of foreign birt		
2. FULL	NAME ALL	ues!	M. Jon	w			
(a) R	esidence: No.	aures	Ma	St.,	Ward.		
PER	SONAL AND ST		PARTICILLARS	8	MEDICAL CERTIFIC	SATE OF DEATH	1 State
3. SEX /	4. COLOR OR R	ACE   5. SING	E, MARRIED, WIDOWE	D. 21. DATE	OF DEATH	14	
May	e Whi		larried		(Month)	(0ay)	(Year)
5a. If married HUSBAN (or) WIF	, widowed, or diverced O of E of	the st	Course	22, 1	HEREBY GERT	FIFT. That I attended	deceased fro
C DATE OF	BIRTH (month, day, and ye	Men XI	3 184	7 I last saw h	1 maliya on	7,4 7,33	double o
7. AGE		7	ays If LESS th		ed on the date stated ebove, et.	3 5 m.	, UGARII IS SA
	87	11/2/	1 day,	hrs. The PRINCIPA	L CAUSE OF DEATH end relate		Date of one
8. Trede	e, profession, or perticuler nd of work done, as SPIN AWYER, BOOKKEEPER, etc	INER SIL	Klauer	my	reall -	arlur	
10.22	try or business in which ork was done, es SILK MI			Chronic	mucandotto	Direction: two	-
2 10 S	AW MILL, BANK, etc		. Totel time (years		Jegeore Ce		
O ( ) th	ois occupation (month and	27	spent in this occupation	ris			
12. RIRTHPL	ACE (city/o) town)	nid	1	Other Contribu	tory Causes of importance:	mis idea-	
(State	or country)	144			tion; two	months.	
13. NAME	Janus	W XI	jus -				-
4 14. BJRTI	IPLACE (city or town)	MA	7/	Neme of opere	tion	Oate of	
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	HPLACE (city or town)	1/110	7		de, or homicide? ry occur?	Uate of Injury	, 19
17. INFORMAT		nes	MI		(Specify or injury occurred in INOUSTRY	city or town, county and Sta , in HOME, or in PUBLIC PL	te) .ACE.
-	REMATION OF REMOVAL	AJ	6 . 2	Manner of Inju	ry		
onge	sugrest	Welgy	aug//s	Nature of injur	77 78 54 6 75 77 73		
W. WNOERTA	KER / Toyl	House	uf !		or injury in any way related to	occupation of deceased?	
(Addr	) (Michael	sed the	P	If so, specify _ (Signed)_	n 13 /m	to the second of	84
20, FILEO	Math 1935	mi King	iskenico!	(Signed)_	10		M

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	1.007
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis		The principal cause of death and related causes of importance were as follows:	
	1915	Attack of epitensu	1 week ago
Chronic interstitial nephritis	1921	Rungo Cbý stret, con	1 week ago
Cerebral hemorrhage	July 5, 1927	Perionitis	3 days ago
		9661 08 300	
Other contributory causes of importance:  Gallstones	16 4 4000	Other contributors, ranges of importance:	
Gaustones	May 1,1923	Gastroenteritis	1 year

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te i	STATE OF MARYLAND—	CERTIFICATE OF DEATH 08955
stat UPA	1. PLACE OF DEATH	95-6
should stat	County Truck GlovgEd	Registration Dist. No. 240
sho of (	Village or City O Wandywfue a	No. St., Ward
9	Length of residence in city or town where death occurred O yrs. O mos	death occurred in a hospital or institution, give its NAME instead of street and number)  O. ds. How long in U.S. if of foreign birth?
CLANS	2. FULL NAME GOODS TO Kern	d, $0$
ater C	011/201515	Mashindon Nilo
PHYSIC ct stat	(a) Residence: No. 9/1/4 2 V. (Usual place of abode)	If nonresident give city or town and State
Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Ex	3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
_	m / rearried	(Month) (Day) (Year)
assined	5a. If married, widowed of divorced HUSBAND of	
000	(or) WIFE of Sophie / dern	
os.	6. DATE OF BIRTH (month, dey, and yeer)	
cat	7. AGE Years Months Days If LESS then	to heve occurred on the dete steted above, et / 3.00 m.
properly certificate.	7 8   I dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware es follows:
_	_ 8. Trade profession or particular	Died Surldenly from Date of onset
be of	Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Dete decessed last worked at this occupation (month and	"Nearl Darlyse" 8/11/35
may	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	While reduce in 11
	SAW MILL, BANK, etc	Tuto wo bill a Organic heart fail:
s on	10. Dete decessed last worked at this occupation (month and year) year)	une Prior to the heart attack, Deceased offerently
instructions	40 mas comme	Other Contributory Causes of importance: had been in good health to was
	12. BIRTHPLACE (city or town) (State or country)	Alad a Tohen Thysecram Sow turners Thypician had no
	# 13. NAME NOUD. HORM	meens of kdowing the primary could
	13. NAME Security Kerry 14. BIRTHPLACE (city or town)	Neme of operation
See	(State or country)	Whet test confirmed diagnosis? Wes there an eulopsy?
it.	15. MAIDEN NAME Imknown	23. If deeth was due to external ceuses (VIOLENCE) fill in elso the following:
important.	15. MAIDEN NAME  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
l pol	Stete op country)	Where did injury occur?
	17. INFORMANT Les Co. Kern	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
very	(Address) 4) Pass St Collage City	
S	18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
1	Place Nash; D.C., Date lug. 11, 1925	Nature of injury
	19. UNDERTAKER	24. Wes disease or injury in any wey related to occupation of deceased?
-	(Address) A. / N. O.	If so, specify
)	20. FILED Aug 11- 1935 Mus G. A. Smith	(Signed) toler (O. Verwell M. D.
1	Lo Cel Registrar.	(Address) Ograndyural and
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 4.

Statement of occupation .-- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.-The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I			Example II	,
The principal cause of death and re of importance were as follows:	elated causes	pate of wheet	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		-1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	SET	1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5, 1927.	Peritoritis	3 days ago
	BOX			
Other contributory causes of impor	tance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state RD. Every Exact statement WITH UNFADING INK-THIS IS A PERMANENT RI mation should be carefully supplied. AGE should be stated EXACTLY. properly classified. FOR BINDING TION is very important. See instructions on back of certificate. ARGIN RESERVED CAUSE OF DEATH in plain terms, so that it may be B.-WRITE PLA

V. S. No. 1

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item of infor-

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Tries George	Registration Dist. No. 23 8
Village or City Silver Hill	No. St, Ward
1/3	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredmos	ds. How long In U.S. if of foreign birth? yrsmos ds.
2. FULL NAME John Milliam Ja	hne!
(a) Residence: No. Silves Helf (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR-OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male White Marrie Me word)	(Month) (Day) (Year)
	(month) ( (Day) (Tear)
5a. If married, widowed or divolced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
/ Cayall. Januar	Oug 7 ,1935, to aug 10, 1935
6. DATE OF BIRTH (month, day, end year) Jan. 1857.	I last saw hall alive on alive on 1931; death is said
7. AGE Years Months Days If LESS than I day,	to have occurred on the dete stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
18 10 ormin.	were as fellows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Coldes resents
SAWYER, BUDNREEPER, etc.	Must austral
work was done, as SILK MILL, SAW MILL, BANK, etc.	
11. Total time (yeers) this occupation (month and 1925 year) occupation occupation occupation	
Pohade Pom to	Dther Contributory Canses of Importance
12, BIRTIPLACE (city or town) (State or country)	
21 13. NAME James Harine bal Latine	
I A.C. C. Co. t-	Name of operation Date of
I4, BIRTHP(ACE (city or town)   14, State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME (deling Waples) 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city er town)	Accident, sulcide, or homicide? Dete of injury, 19
(State or country) Peleurare Mod.	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Thys R. Latinus (Address) Salves Hell and	Specify whether injory occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18 BURLAT CREMATHON OR NEWOVAL ()	Manner of injury
Place Oson Help Mabate 8-13, 1900	Nature of injury
19. UNDERTAKER Thomas J. murrant Son	24. Was disease or injury in any wey related to occupation of deceased?
(Address) janowatja De	If so, specify
80. FILED 8 -11 , 19 & Leefel Juneary	(Signed) Apres Harles VIII M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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. 1	Example I			Example II	
The principal cause of de of importance were as follows:	ath and related	l eauses	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis			1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	SEP 8	1935	1921	Run over by street car	1 week ago
Cercbral hemorrhage.	BUREAU	Ve	Ju 95,1927	Peritonitis	3 days ago
Other contributory causes	s of importance	:		Other contributory causes of importance:	
Gallstones			May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Date of onset

V. S. No. 1

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	Example I	11	Example II		
The principal cause of importance were a		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	CEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nep		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	SEP 10 1900	July 5, 1927	Peritonitis	3 days ago	
	BUREAU V. S.	4			
Other contributory c	uses of importance:		Other contributory causes of importance:	1	
Gallstones	1 40 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1	0.1	ić.	ARGIN	RES	ERVE	Q	ARGIN RESERVED FOR BINDING	ING
N. B.	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT	WITH	UNFADIR	NG IN	K-TI	IIS	IS A PERM	ANENT
(	mation should be carefully supplied. AGE should be stated EXACTLY	fully s	upplied.	AGE S	plnoy	pe	stated EXA	CTLY
7	CAUSE OF DEATH in plain terms, so that it may be properly classified.	n plain	terms, so	that in	t may	he	properly class	sified.
1	TION is very important. See instructions on back of certificate.	nt. Se	e instructi	ons on	back	of c	ertificate.	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08958
1. PLACE OF DEATH	46-6
County Grince Georges	Registration Dist, No. 230
Village or City Berwyn	No Main Que Red 4 55, St Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 2. Oyrs 3. mos.	
2. FULL NAME Clark majurely	If U.S. Veteran specify WAR
(a) Residence: No. Manual (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED ("write this world)	21. DAJE OF DEATH aug. 20 193 5
5a. If married, widowed, or diseased HUSBAND of Elizabeth 1000	22. I HEREBY CERTIFY, That I attended deceased from
agabeth maquel	ans 19 1935 to auc 20 1935
6. DATE OF BIRTH (month, day, and year) 1865-June 8.	I last saw h
7. AGE Years Months Days If LESS than	to have occurred on the date stated ebove, at 10.5.m.
70 2, 12   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER.	Carcinoma of Stomach
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which	- C
work was done, es SILK MILL, SAW MILL, BANK, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  year)  5	
9 ·	Other Contributory Causes of importance:
12, BIRTHPLACE (city or town) (State or country)	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
± 3 5.00 0 0	) was January
14. BIRTHPLACE (city or town) (State or country)	Name of operation
15. MAIDEN NAME Flis abeth Dewenge	What test confirmed diagnosis? —— Was there an au'opsy? ————————————————————————————————————
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
₹ (State or coun'ry)	Where did injury occur?
17. INFORMANT Elizabeth Maxwell (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, GREMATION OR REMOVAL	Manner of Injury
Place (Sellowlle, Md. Date Que 23-1935	Nature of injury
19. UNDERTAKER 4 Gasely Sour	24. Wes disease or Injury in any way related to occupation of deceased? Type
20. FIL Clay - 21 to 35 John D Smith	(Signed) R. A. Bennett, M.D. (Ardress) Rivardale Mel.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Balismore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis Chapping intensified a solution of the soluti	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 1,1927	Perilonitis	3 days ago
- Indiana and a second			
Other contributory causes of importance:	9.0	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.—WRITE PLANTY, WITH UNFADING INK—THIS IS A PERMANENT R.

V. S. No. 1

state JPA.	STATE OF MARYLAND—	CERTIFICATE OF DEATH 08959
_ \	1. PLACE OF DEATH	210-9
ould	County Truce Llorge !	Registration Dist. No. 245
E I	Village or City Defence the hope Colling	
0	7 (IF	death occurred in a hospital or institution, give its NAME instead of street and number)
NS	Length of residence in city or town where death occurred with the most service with the course of th	ds. How long in U.S. if of foreign birth?yrsmosds.
CIA	2. FULL NAME HELEN F. M. CARTHY	If U.S. Veteran epecify WAR.
YSICIANS	(a) Residence: No. 2435 Uplon St. hu	st. Ward. Wash Mile,
: .	(Ushai place of abode)	If nonresident give city or town and State
PH	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
× 6	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR (DIVORCED (write the word)	21. DATE OF DEATH
그글	Jemale Warte Strigle	(Month) (Dey) (Year)
X A C T L	5e. If married, widowed, or divorced HUSBAND of	
Aass	(or) WIFE of	22. I HEREBY CERTIFY, Thet I attended decessed from
	6. DATE OF BIRTH (month, day, and yeer) lunknown	
stated E properly certificate	7. AGE Years Months Days If LESS then	to heve occurred on the dete stated above, et 3.5.6 m.
stated properl	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance
st. pr	8. Trede, profession, or perticular	were as follows: A D DO:
be of	8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc	(MILL) COTTURNING
nay back	a industry or business in which	
	work wes done, as SILK MILL, Jebool Jeacher	hastout alasta
6		- J. F. J. D. L.
supplied. AGE in terms, so that See instructions o	year) occupetion occupetion	Dther Cantributory Causes of Importance:
so 1	12. BIRTHPLACE (city or town)	Differ Conditionary Consec of Importance.
ed.	(State or country)	
supplied n terms, ee instru	13. NAME The Carthy	
sup n te	14. BIRTHPLACE (city of town)	Neme of operation Date of
ly slain	(State or county)	Whet test confirmed diagnosis?
efully supplied in plain terms, ant. See instru	15. MAIDEN NAME Drodget Mc Carthy	23. If deeth was due to external causes (VIQL ENCE) fill in also the following:
	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Accident Dete of injuryang 2935
AT apo	(State or country)	Where did injury occur? Near/ Collington MD. Diene HW
	17. INFORMANT Trancing teally	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
should be car E OF DEATH is very import	(Address) 514 Stephen J. Mu)	M Oding HM,
	18. BURIAL, CREMATION, OF REMOXAL	Manner of Injury Dody Crushel ne
On ISE	Plece Now, Date Date 1935	Nature of injury Cutto collision
mation s CAUSE TION is	19. UNDERTAKER Francis Scolling 1 00	24. Was diseese or injury in eny wey related to occupation of deceased? "
FOR	(Address) 3619-14 ch.) St. new Work Alle	If so, specify a Dr James Ko Truet
(T)	20. FILED Gug 20, 1935 Mrs Jag. Sever	(Signed) a agus bundling, & Backy Enger
U	20. FILED AND 19 50 1.1 VIS - Too, Storen	(Address) Islem Dale US
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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auses Date of onset	The principal cause of death and related causes	
- 731	of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
1		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis  Other contributory causes of importance:

Louis	Sadditional	SPAC	ED,	FURTHER S	TATEM	ENTS BY P	HYSICI	Rankan	Tel
		F							
		1							

STATE OF MARTLAND	SERTIFICATE OF DEATH (1896)
1. PLACE OF DEATH	210-9
County Truce, Device	Registration Dist. No. 245
Village or City D Jane Highway Collington	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME John Me Carthy	
(a) Residence: No. 626 Quelle The (Usual place of abode)	Use of Maid. Wash We city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WIOOWED, OR ILVORGED (write the word)	21. DATE OF DEATH 20 193 (Year)
5a. If merried, widowed, or divorced HUSBANO of (or) WIFE of  Dudas t  Me Carthy	22. the li HEREBY GERTIFY, That I ettended decreed train
6. DATE OF BIRTH (month, dey, and year) luknown	
7. AGE Years Months Deys If LESS than	to have occurred on the dete stated above, at #330 Pm.
1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of Importance were as follows:
8. Trade, profession, or particular	were as follows:  Date of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	OWG Collision
a Industry of business in which	Λ
work was done, as SILK MILL, SAW MILL, BANK, etc	a tout death
	mount mace
year)	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) State or country)	
13, NAME John me Carthy	
13. NAME TO ME SOUTH	Name of operation What Date of
14. BIRTHPLACE (city) or town)	What test confirmed diegnosis?
E 15. MAIDEN NAME WKNOW	23. If death was due to external ceuses (VIOLENGE) fill walso the following:
	Accident, sulcide, or homicide ale the pate of injury Aug 209.3.5
16. BIRTHPLACE (city or town)  (Stete or county)	Where did injury occur? new Collington Alma
Francis Hovel	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address) 5/4 Shephare J. New 7	Ob Public Road or Highway
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Head on colling
Plece Wash, Mo Dete Jung 201935	Nature of Injury Rody Crushed
Hanicia Halle	24. Was disease or injury in any wey related to occupetion of deceased? (41)
19. UNDERTAKER (Address) 3/6/9-14/4 N/1 N/1	An, specify of a Defames 16 Thrust
0 0 11 200	(Signed & auro the dling, acting et my
20. FILED LUG a 2. D. 19. S Ims. Cas Diver	(Address) blesse Dule What
If more blanks are readed address State Registrar	2417 N. Charles Street, Baltimore, Requesting V. S. No. 1.

CEDTICICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis I E C E	1915	Attack of epilepsy	I week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage SEP 5	July 5,1927	Peritonitis	3 days ago
I SUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	-1-6
Gallstones	May 1,1923	Gastroenteritis	1 year
	L		

ADDITIONAL SPACE FOR EURI	7 611	3 astur	- corone	no I ruch	an- N
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EKV	VK-T	should	it may
スピン	NG II	AGE	that
ARGIN RESERVED FOR	N. BWRITE PL. ALY, WITH UNFADING INK-THIS IS A P	mation should be carefully supplied. AGE should be stated	CAUSE OF DEATH in plain terms, so that it may be properly
¥	TH UT	ld sup	lain te
	Y, WI	areful	H in p
	AL.	d be c	DEAT
	TE PL	shoul	E OF
:	-WRIT	mation	CAUS
	N. B		(

STATE OF MARYLAND	-CERTIFICATE OF DEATH 08961
1. PLACE OF DEATH	20-9
County June Series	Registration Dist. No. 145
Village or City Alfence Highway - Collen	No. St., Ward  Kif death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrs.	noads. How long in U.S. if of foreign birth?
2. FULL NAME THERES A. H. Mc CARTHY	If U.S. Veteran specify WAR
(a) Residence: No.	St., Ward. Brooklyn N. Y.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (rurite the word)	21. DATE OF DEATH 20
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY. That i attended decessed from
1910 1	- I verrel brody to ang 20, 19 35
6. DATE OF BIRTH (month, day, and year)	i last saw h. Malive on
7. AGE Years Months Days If LESS that I day,	and the state of t
8. Trade, profession, or particular	were as follows to Osta of onset
	Cum Goldson V
A Industry or business in which	material death
SAW MILL, BANK, etc.	
apone in this	
year) occupetion	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
# 13. NAME John me Carthy	
E WARREN OF A	74.774
14. BIRTHPLACE (city or town). (State or county)	Name of operation Date of
15. MAIDEN NAME ( Kindlet Red	What test confirmed diagnosis? Was there an au'opsy?  23. If death was due to external causes (VIOLENGE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Ac Cultur Date of injury May 2D19 3 5
E (State or county)	Where did injury occur? Ne net Called Glan and A. Sh. Alexan
17. INFORMANT Travelin Joellens	(Specify aty or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 5/4 Shapperd July	V. Deliner Her,
	Manner of injury Hody Crushe 4
Piece Wash Date in a 2019.	Neture of injury.
19. UNDERTAKER TABLES COLLING (Addiess) 3619-14 4. A ruce, Wish	24. Was disease or injury in any way related to occupation of deceased?
	(Signed) ours Sun dling of Booking Com
20. FILED UMQ, 20, 1935 Mrs. Jao Dene	00
	rar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and teleted causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 5 1935	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BURFAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS BY.	PHYSICIAN	0 1
Lowo Kndley	(A) acti	my Coroner	hendow hid
1	V	0	

stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-RD. Every item of infor-MLY, WITH UNFADING INK-THIS IS A PERMANENT RE CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. ARGIN RESERVED mation should be carefully supplied. AGE should be -WRITE PLA

V. S. No. 1 B ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08962
county Frince Georg	Registration Dist. No. 246
Village or City Parentwood	No. 380 1 Baker St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred 22_yrsmos	ds. How long in U.S.If of foreign birth?yrsmosds.
2. FULL NAME Mildred Virginia Mel	Clana handan specify WAR
(a) Residence: No. 9807 Baked St	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale White S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the yord)	21. DATE OF DEATH  (Month) (Say) (Year)
58. If married, widowed, or divorced HUSBAND of (or) WIFE of Pas W. McClanahan	22. I HEREBY CERTIFY, That I ettended deceesed from
24 . 1 0 1059	Hast saw h Le elive on Olly 4 19.35 death is seid
6. DATE OF BIRTH (month, day, and year) // awch 2 / 3   7. AGE / Years   Months   Days   If LESS than	to heve occurred on the date steted above at 9
82 5 9 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence
2 Trade profession or matienter	were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Carcinoma D.
9. Industry or business in which work wes done, as SILK MILL,	Stonewich 36 35
SAW MILL, BANK, etc  10. Date deceased last worked et this occupation (month and year)  year)  occupation	
12. BIRTHPLACE (city or town) Warrenton Va	Other Contributory Causes of Importance:
(State or country)	- Control of the state of the s
13. NAME West Shayer	
14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? [2004] Realust Was there an au'opsy? 100
15. MAIDEN NAME Galsy Veflin	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Palsy Heflin  16. BIRTHPLACE (city town). Va	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Mary McClanahan Joung	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
Place Fut Sund Date Date 15	Manner of Injury
19. UNDERTAKER Translower Augustian Same	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 8/5" 1935 Breen halley 14. ~ Registrat.	(Signed) The Horton M.D.  (Address) The Russies Well.
16 U. L 11 11 6. P	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Exam	iple I		Example II	
The principal cause of death of importance were as follows	and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1975	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	SEP R 1080	1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5, 1927	Peritonitis	3 days ago
	BUREAU V.			
Other contributory causes of	importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FU	URTHER STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	920
D. 4	Registration Dist. No.
County Church Congression	2212/-11
Village or City (2ruluro 1)	No. St., Wa  (If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	_mosds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Concurra murly	
2-1-2/4	01 111. 1
(a) Residence: Np. 37/7 (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWE	
OR DIVORCED (write the wor	, 193
5a. If married, widowed, or divorced	(Year)
HUSBAND of	21.   HEREBY CERTIFY, That I attended deceased f
(Or) WIFE OF Marian Merlina	
6. DATE OF BIRTH (month, day, end year)	I last saw h alive on
7. AGE Years Months Days If LESS th	
66 2 /2 Iday,	
8. Trade, profession, or perticular	
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	Chronic myrcarelles 34
9. Industry or business in which work was done, as SILK MILL.	a series and a contract of the
SAW MILL, BANK, etc.	
year) occupation	Dther Coatributory Causes of Importance:
12. BIRTHPLACE (city or town) Utaly	A
(State or country)	- Mally
13. NAME Culony Garrone  14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Dete of
(State of country)	What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Mayell Dune coa	23. If death was due to external causes (VIOLENCE) fill In elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country) Italy	Where did injury occur?
17 INFORMANT Marion Mirhina	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) 37/7 Italian 84	
18. BURIAL, CREMATION, DR. REMOVAL	Manner of Injury
Place M Cliff No Date Cliff 29 , 19	Nature of injury
19 UNDERTAKER Names & Pumphun	24. Was disease or injury In any way related to occupation of deceased?
(Address) Requille The	If so, specify
9728 30 1 tay belle Mr.	(Signed) CCM Same
20. FILED	ar. (Address) Introduce of Mills
If more blanks are needed, address State Rep	gistrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Run over by street car	Date of onset  1 week ago 1 week ago
Run over by street car	
1927 Peritonitis	3 days ago
Other contributory causes of importance:  923 Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER	<b>STATEMENTS</b>	BY	PHYSICIAN
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AD. Every item of infor-

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

TION is very important. See instructions on back of certificate.

BIND	
FOR	
RESERVED	
ARGIN	

V. S. No. 1 N. B.

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STATE	OF	MARYL	AND-	-CERTIFIC	CATE	OF	DEATH	U	89	U

Village or City.  Another State of Path Country  United the Country  No.  No.  No.  No.  No.  No.  No.  No	1. PLACE OF DEATH	(126)
Village or Gity.  Date of cases in city or town where death occurred.  A. Yrs.  Medidence in City or town where death occurred.  A. S. How long in U.S. It of foreign birth?  A. Long in U.S. It of foreign birth?  A. Lo Color of the control of the stated down, at J. It of the long in	County and comment in Leve gl	Registration Dist. No. 239
Length of residence in city or town where death occurred. (d. yrs	MAN PLAN WENT VALUE OF THE PARTY OF THE PART	
2. FULL NAME  (a) Residence: No. 14, 97 (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S. SINGLE MARRIED, WIDOWED, OR DYORCEO (write the word)  6. DATE OF BIRTH (month, day, end, eyen)  7. AGE  Years  Months  Days  11 LESS than 1 (Aby,		
(a) Residence: No. 144 97	Length of residence in city or town where death occurred/_Qyrs	_mosds How long in U.S. If of foreign birth?yrsmosds.
PERSONAL AND STATISTICAL PARTICULARS  J. SEX  A. COLOR OR RACE OR DIVORCED (write the word)  S. DATE OF DEATH ORD THE COLOR OR RACE OR DIVORCED (write the word)	# 1 7 0 1	O Ch Word
21. DATE OF DEATH  (Month)  (Day)  (West)  22. I HEREBY CERTIFY Mit I attended deceased you found for hills of the course of the		
As. It married, withored, or divorced (Wonth)  6. DATE OF BIRTH (month, day, and year) 8 73 7MM Russian (Base)  6. DATE OF BIRTH (month, day, and year) 8 73 7MM Russian (Base)  7. AGE Years Months Days It LESS than 1 day. hrs. or min.  8. If MARIE PROPERTY (Month, day, and year) 8 73 7MM Russian (Base)  8. If It LESS than 1 day. hrs. or min.  8. If It LESS than 1 day. hrs. or min.  8. If It LESS than 1 day. hrs. or min.  8. If It LESS than 1 day. hrs. or min.  8. If It LESS than 1 day. hrs. or min.  9. If It LESS than 1 day. hrs. or min.  9. If It LESS than 1 day. hrs. or min.  9. If It LESS than 1 day. hrs. or min.  9. If It LESS than 1 day. hrs. or min.  9. If It LESS than 1 day. hrs. or min.  9. If It LESS than 1 day. hrs. or min.  10. If It LESS than 2 day. hrs. or min.  11. Total time (years) and the second structure of the secon	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
As. II married, witdowed, or divorced (Year)  ### ASSA Months  ### Days   If LESS than   1995   10	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWE	21, DATE OF DEATH
8. If married witdowed, or divorced HUSBADO  6. DATE OF BIRTH (month, day, end year) 8737MM RUM  7. AGE Years Months Days If LESS than 1 day. British and the date stated above, at	OR DIVORCED (write the word	1) Aug /8 1935
HUSSAND OF CONTINE OF		(Months) (Day) (Year)
6. DATE OF BIRTH (month, day, end year) 873/W/ RULL 7. AGE Years Months Days If LESS than I day her. her. her. her. her. her. her. her.	HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from
7. AGE Vests Months Days II LESS than I day, hrs. or. min.  1 day, hrs. or. min.  2 Note of the profession, or particular kind of work done, as SPINNER, SAWYER, EDOKKEPER, etc.  2 Productive or business in which work was done, as SILK MILL, SAW MILL, BAIK, etc.  2 Date deceased last worked at the company of the company	(or) WIFE OF Single	1 7 7
7. AGE Years Months Days II LESS than I day, hrs. or. min.  1 day, hrs. or. min.  Note of the profession, or particular kind of work done, as SPINNER, Schumbl Jeacher Spindury or business in which work wes done, as SILK MILL, SAW MILL, SAW, etc.  10 Date deceased last worked et the profession of particular work wes done, as SILK MILL, SAW MILL, SAW, etc.  10 Date deceased last worked et the profession of	187371 P.	Last saw har alive on 8/18 193 death is said
The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related cause	7 ACF Years Months Days If IFSS th	— Ma
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ANT OF WAR GOING AS STRINGER.  9. Productry of business in which work was done, as STRINGER.  10. Date deceased last worked et this occupation (month and year) occupation occupation.  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) As the second occupation occupation.  15. BIRTHPLACE (city or town) As the second occupation.  16. BIRTHPLACE (city or town) As the second occupation.  17. INFORMANT  18. BURIAL CREMATION, OR REMOVAL  Place  19. UNDERTAKER  19. UNDERTAKER  19. UNDERTAKER  19. UNDERTAKER  19. UNDERTAKER  19. UNDERTAKER  19. Address)  19. UNDERTAKER  19. Address  19. Address  19. Address  10. Interpretation of deceased?  11. Total time (years) and the second occupation of deceased?  11. Total time (years) and the second occupation of deceased?  12. BIRTHPLACE (city or town)  13. NAME  14. BIRTHPLACE (city or town)  15. BIRTHPLACE (city or town)  16. BIRTHPLACE (city or town)  17. INFORMANT  18. BURIAL CREMATION, OR REMOVAL  Place  19. UNDERTAKER  19. UNDERT	1 Ul-accounting	were as follows: Date of onset
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13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  10. BIRTHPLACE (city or town)  (State or country)  Date Of  What test confirmed diagnosis?  Was there an autopsy?  23. If death was due to externel causes (VIDL ENCE) fill In also the following:  Accident, suicide, or homicide?  Date of  What test confirmed diagnosis?  Was there an autopsy?  Accident, suicide, or homicide?  Specify whether injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  Nature of injury  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  (Address)  (Signed)  (Signed)  M.  M.	12. BIRTHPLACE (city or town)	Myriable Chr
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What test confirmed diagnosis?  Was there an au'opsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  To INFORMANT  (Address)  To INFORMANT  Place  Mainer  Date  Date	13. NAME Janett Morpley.	
What test confirmed diagnosis?  Was there an autopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  To the state of country)  Where did Injury occur?  (Specify city or town, country and State)  Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMOVAL Place  Place  Manner of injury  19. UNDERTAKER  (Address)  10. UNDERTAKER  (Address)  10. UNDERTAKER  (Address)  10. UNDERTAKER  (Address)  10. UNDERTAKER  (Address)  11. OR CARLON  (Specify city or town, country and State)  Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  19. UNDERTAKER  (Address)  10. Specify  10. Specify whether injury in any way related to occupation of deceased?  11. OR CARLON  (Signed)  (Signed)  M. I. OR CARLON  (Signed)  M	I 14 RIPTHDI ACE (city or town) A confine has	Name of operation
15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place  19. UNDERTAKER (Address)  20. FILED  21. If death was due to externel causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide?  Date of injury  (Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE  Manner of injury  19. UNDERTAKER (Address)  24. Wes disease or injury in any way related to occupation of deceased?  (Signed)  (Signed)  M. I	(State or country)	
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17. INFORMANT Lata Capital  (Address) Orbital (Balia), 222 Class 87.  18. BURIAL, CREMATION, OR REMOVAL  Place Muinfunf. Date Cinq 20, 19 is Nature of injury  19. UNDERTAKER Reflection of deceased?  (Address) 40, 1925 M. Blassaure (Signed).  (Signed) M. I	- (State or country) Tentucky	
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19. UNDERTAKER Ref gly Selly 24. Wes disease or injury in any way related to occupation of deceased?  (Address) 40, 325 M. Blaskeare (Signed) M. I	0-1 111	
20. FILED MIGH 1935 M. Beastream (Signed).  (Signed).  M. I	Place Il surfung Date Org 20,19	Nature of injury
20. FILED aug 19, 1935 M. Brankeare (Signed). Laure		3 43/
20. FILED MILES THE DELLE STATE OF THE STATE	(Address) 401 Hack and Jones &	If so, specify
		a accord

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I			Example II	
The principal cause of of importance were as	death and related causes	Date	e of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVE	dal	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephr	Vis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	SEP 3 1985	Jul	y 5,1927	Peritonitis	3 days ago
	BUREAU V.S		1		
Other contributory cau	ses of importance:	+		Other contributory causes of importance:	
Gallstones		Ma	ny 1,1923	Gastroenteritis	1 year

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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

properly classified.

TION is very important. See instructions on back of certificate.

19. UNDERTAKER

(Address)

CAUSE OF DEATH in plain terms, so that it may

RD. Every item of infor-

Exact statement of OCCUPA-

	OFFICIAL OF DEATH
STATE OF MARYLAND—	CERTIFICATE OF DEATH 08965
1. PLACE OF DEATH	(51-8)
County Prince Georgia	Registration Dist. No. 2 4 2
Village or City paper to A sight	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long In U.S. if of foreign birth? 65 yrsmosds.
2. FULL NAME George William Man	in- Mar
(a) Residence: No. Capatal V English Treas	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) 7 (Day) , 193 5 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Jane Frank	22. I HEREBY CERTIFY, That I attended deceased from  July 1, 19 3 3, to any 20, 19 3 5
5. DATE OF BIRTH (month, day, and year) Chil - 1856	Plast saw H alive on Q 190, 19 3 5, death is said
7. AGE. Years Months Days If LESS than	to have occurred on the date stated above, at 15-6 m.
79 4 3 1day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
A Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. petroed Book Clarks	animorna o alors
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	uninary bladded Jely 74.
10. Date deceased last worked at this occupation (month and 1925 spent In this 90 year)	2
12. BIRTHPLACE (city or town) Love do	Other Contributory Causes of Importance:
(State or country) England,	none
13. NAME Edward ham-	
14. BIRTHPLACE (city or town) London State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME many and Jackson	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Date of Injury19
(State or country) England.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT transla Harston an (Address) la apricate Harto had	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Date Date 2 31931	Nature of injury
19 HNDERTAKER W. W. Deal	24. Was disease or injury in any way related to occupation of deceased?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

If so, specify (Signed)

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes Date of ons of importance were as follows:		
Arteriosclerosis	1915	Attack of epilepsy		
Chronic interstitial nephritis	1921	Run over by street ear		
Cerebral hemorrhage	July 5,1927	Peritonitis 3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis 1 year		

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mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified.

PHYSICIANS should state

d. Every item of infor-

of OCCUPA.

Exact statement

08966 STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEA	тн			
County Jane Groves			Registration Dist. No. 2 3	0
Village or City	•		No. St., death occurred in a horpital or institution, give its NAME instead of street and	
Length of residence in	city or town where death occur	rredyrsmos	ds. How long in U.S. if of foreign birth?yrs	mosds.
2. FULL NAME	Male File	, niely	lson	
(a) Residence: No.			St, Ward.	
BEDGGNIAL A		ual place of abode)	If nonresident give city or town a  MEDICAL CERTIFICATE OF DEATH	nd Stale
	ND STATISTICAL F		21. DATE OF DEATH	
male	OR D	LE, MARRIED, WIDOWED, IVORCED (write the word)	Month) (Dey)	, 193 <u> </u>
Se. If merried, widowed, or div HUSBAND of (or) WIFE of	orced		22.   HEREBY CERTIFY, That lattende	
6. DATE OF BIRTH (month, d	ev. and year) 8/2	3/35	I last sew harage alive on 9/25: 1923	; death is sald
7. AGE Years		leys If LESS then 1 dey,hrs.	to heve occurred on the date steted above, et. 7/2.0/3.m.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
8. Trade, profession, or kind of work done SAWYER, BOOKKE	perticular , es SPINNER, EPER, etc.		malinal unglishing	1934
kind of work done SAWYER, BOOKKE 9 Industry or business work wes done, as SAW MILL, BANK 10: Date deceesed last this occupation (m			mounted fites 6 mg	
10. Date deceesed last w this occupation (m yeer)	orked at 11	1. Totel time (yeers) spent in this occupetion		
12. BIRTHPLACE (city or town	Billson	the my	Other Contributory Causes of Importance:	
(State or country)	u W. Wig	holsan		
13. NAME  14. BIRTHPLACE (city or (Stete or country)	town) Syri	1 16.	Name of operation Dete of Whet test confirmed diagnosis? Wes there e	1.
15. MAIDEN NAME	usis Wood	horal -	23. If death was due to externel ceuses (VIOLENCE) fill in elso the follow	
16. BIRTHPLACE (city or		Uh_	Accident, suicide, or homicide? Date of injury Where did injury occur?	
17. 1NFORMANT(Address)			(Specify city or town, county and S Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	
18. BURIAL, CREMATION, OR	REMOVAL		Menner of Injury	
Place Poults	ville my Dete.	8-25-,1933	Neture of injury	
19. UNDERTAKER Ass (Address)	in mich	lubon	24. Wes diseese or injury In any way related to occupetion of deceesed?	ho
20. FILE aug 25	19.35 John 6	Distle	(Signed) De Marine	M. D

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Example I  The principal cause of death and related causes of importance were as follows:			Example II		
			The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial neph	iritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	GEP 4 L	July 5,1927	Peritonitis	3 days ago	
	HENDENU V. S.				
Other contributory ca	auses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

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	of infor-	ald state	CCUPA.			
K	item	shot	0 jo	1		
	N. BWRITE PLANALY, WITH UNFADING INK-THIS IS A PERMANENT RE. 3D. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.			
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THE PROPERTY OF PROPERTY OF	H UNFA	supplied	in terms,	See instr	100	FATHER
	LY, WIT	carefully	TH in pla	TION is very important. See instructions on back of certificate.		3
	E.	d be	DEA	ı im		17.
	PL	houl	OF	very		18.
	TE	on s	SE	Z is		
	3.—WR	mati	CAL	/ TIO	-	19.
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STATE	OF MARYLAND-	CERTIFICATE OF DEATH	8967
1. PLACE OF DEATH	1.		
County pinge	Georges	Registration Dist. No. 21	15
Village or City Lless	dale	NoSt.,	Ward
Length of residence in city or town w	here death occurred 2 vrs mos	death occurred in a horpital or institution, give its NAME instead of street and no included the stree	umber)
2 FILL NAME MASS	anotia Pall	as of	7
(a) Residence No.D. R.	Box 14 lile Onla	San	
(a) hesidence / No. 2. 1. 2,	(Usual place of abode)	Mard.  If nonresident give city or town and S	State
PERSONAL AND STAT	ISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5, SINGLE, MARRIED, WIDOWED, ON DIVORCED (write the worth)	21. DATE OF DEATH  (Month) (Day)	193 5
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	luver	(Month) (Day)  22. I HEREBY CERTIFY, That I attended d	(Year)
month and day is	internet 101 h	Lugust 10, 1932, 10 aug 1 /	1., 1935.
6. DATE OF BIRTH (month, day, and year)	1862	I last say her alive on Jil 6 th. 1, 1935	death is said
7. AGE Years Month	s Days If LESS then 1 day,hrs.	to have occurred on the date stated above, at \$230 A, _m.	
10 Xrs	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were a follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc		Islestinal Obstructor	8/17/35
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and	0. 1 :41 0.	Carlot to Const	
work was done, as SILK MILL, SAW MILL, BANK, etc.	fixed with Son	State of the state	102-
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spant in this occupation	Drimary concer of Atomacha metastace to to	722
エ	O -	Other Congributory Causes of importance:	
12. BIRTHPLACE (city or town) 7 acc	quere Mirainia	Melensater attention	1930
	Pele to	Prosectiful C++ of	1000
Ŧ _	Mara	Co description please of	1902
14. BIRTHPLACE (city or town) (State or country)	agus o,	Name of operation / Date of	
α	Contraction	What test confirmed diegnosis? Wes there an eu	opsy?s
E	ma Carret	23. If death was due to external causes (VIOLENCE) fill in also the following:	1 / 11/4
O 16. BIRTHPLACE (city or town).	ugun Co.	Accident, suicide, or homicide? Date of Injury	, 19
17. INFORMANT Clearles (Address) Flands	ollare	Where did injury occur?(Specify city or town, county and Stale) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE  Specify city or town, county and Stale)	DE,
18. BURIAL, CREMATION, OR REMOVAL	0 0 = = =	Manner of injury	
Place Wash R	Le Date aug, 18, 1935	Nature of Injury	
19. UNDERTAKER	and Shen	24. Was disease or injury In any way related to occupation of decessed?	
20, FILED. aug. 18.7, 19.3.5	ma Vad. Edvere	(Signed) . Thelen (Address) f) rentwood n	M. D.
U If,	nore blanks are needed, address State Registrar.	2411 N. Charles Street Baliffore Requesting 71 S. No.	7

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows: CEIVED	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURFAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

AGE should be stated EXACTLY. PHYSICIANS should state AD. Every item of infor-Exact statement of OCCUPA. -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT REC CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. mation should be carefully supplied. TION is very important. N. B.

STATE	OF	MARYLAND-C	ERTIFICATE	OF DEATH
EATH			(10)	

0	Q	9	1.	5
U	0	U	U	0

1. PLACE OF DEATH		(31)	7.
County Prince	Ised	Registration Dist. No.	52
Village or City Langth of residence in city or tow		NoSt.,  If death occurred in a horpital or institution, give its NAME instead of street and sds. How long in U.S. if of foreign birth?yrsm	
1	m where death occurredyrsmos	syrsyrsyrs.	usus.
2. FULL NAME	siphens Prodot		
(a) Residence: No.	(Usual place of abode)	If nonresident give city or town and	State
	ATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR R	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Auron	an Proctor	22. I HEREBY CERTIFY, That I attended	deceased from
57	ar) Dec / 2 , / 883  onths Oays If LESS than I day,hrs.  7 2 2 ormin.	I last saw h all alive on any 4, 1936 to have occurred on the date stated above, at 8 A.m.	; death is said
8. Trade, profession, or particular kind of work done, as SPIN SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MI SAW MILL, BANK, etc	u.	cohern's neppules	Inc.
10. Date deceased last worked at this occupation (north and year)  12. BIRTHPLACE (city or town)  (State or country)	1985   11. Total time (years) spent in this occupation	Other Coutributory Causes of Importance:	av. ide
13. NAME NOT	Charley C	Name of operation	71.719
(State or country)	md	What test confirmed diagnosis?	
15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (State or country)	chara Co	23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? Date of injury Where did injury occur?	g:
17. INFORMANT AL COLOR (Address) 2/9 R. A	ins Hacley	(Specify city or town, county and Sta Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PL	ACE.
18. BURIAL, CREMATION, OR REMOVAL	mul Date aug 6 , 1935	Manner of Injury	
19. UNDERTAKER Petchie	Brothers maryland	24. Was disease or injury In any way related to occupation of deceased?	
20. FILEO 1, 193	Registrar.	(Signed) JUNIAN YARDA (Address) W Massin	romas
U	If more blanks are needed, address State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I			Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	SEP 5 1935	July 5, 1927	Peritonitis	3 days ago	
	BUREAU V. S.				
Other contributory causes of importance:			Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	



PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

V. S. No. 1

Exact statement of OCCUPA-

item of infor-

JRD. Every

STATE OF MARYLAND	-CERTIFICATE OF DEATH 19969
1. PLACE OF DEATH	
County Prince Searce	Registration Dist, No. 245
Village or City Handle	
0	No. 46 Columbia and St., Ward (If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred 13 yrs, 4	nos1.3_ds. How long in U. S. If of foreign birth?yrsmosds.
2. FULL NAME Charles Reed	If U.S. Veteran specify WAR.
(a) Residence: No. + (Columbia and (Usual place of abode)	St., Ward. Just taville Mark.  If nonresident give city of town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male White OR DIVORCED (write the word)	aug 18, 1935
5a. If married, widowed or divorced	(Month) (Day) (Year)
HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
- Mary C. Reed	July 11 ,1935, to aug 18 ,1935
6. DATE OF BIRTH (month, day, and year) march 13, 1845	Mast saw have alive on Que q 1935; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 5.30m.
90 3 4 1 day,hi	S. The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
a B. Trade profession or partiaular	Dete of onset
kind of work done, as SPINNER, Clarke Usa. Endo	loge de la latoria de la como
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this eccuration (worked at this coveragion (worked at this coveragi	1930 mg 1930
work was done, es SILK MILL, SAW MILL, BANK, etc	- Tinollate 110 - P 10 ° 0 1°
This occupation (month and Spant in this	Unable to supply any further information
year) occupation	than the above out g.
12. BIRTHPLACE (city or town) Pholode Italian Penn	Other Contributory Causes of importance:
(State or country)	1
E 13. NAME Francis S. Reed	The one
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Date of
	What test confirmed diagnosis? Was there an autopsy? Up
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
[ 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
2 (State or country) new York	Where did Injury occur?
17. INFORMANT Mrs. Thas. E. Hume	(Specify city or town, county and Stale) Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) 46 Columbia are, Hyallandle	
18. BURIAL, CREMATION OR REMOVAL	Manner of Injury
Place JA . dans Colom Mate Lug, 20, 193	S. Nature of injury
10 HUDGOTTON TO SEE SEE	
19. UNDERTAKER (Address)	24. Was disease or injury in eny way related to occupation of deceased?
and and and and	If so, specify
20, FILEDUNG 19, 433 Mo, Jas. Deven	a) (Signed) Suy M. D.
newitzh, Registrar.	(Address) - Hyallanda - Ma-
If more blanks are needed, address State Registra	r, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	SEP 5 1935	July 5, 1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory causes of importance:		1	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
• 1				

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

kD. Every item of infor-

Exact statement of OCCUPA-

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08970
1. PLACE OF DEATH	(AZ)
County of mye serges	Registration Dist. No. 246
Village or City / Nenhuml	No. 4323 Hoch day St., Ward
Length of residence in city or town where death occurredyrs,mos	death occurred in a hospital or institution, give its NAME instead of street and number)  How long in U.S. if of foreign birth?
2. FULL NAME Calherine Eva Sc	hollian
(a) Residence: No. 16 37- Kull Kurfe (Usual place of abode)	St., Ward. Stellance for State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (2011) of the word)	21. DATE OF DEATH August 16 , 1935 (Worth) (Day) (Year)
HUSBAND of Cor) WIFE of John Fuel William	22. I HEREBY CERTIFY Thet I attended deceased from
DATE OF BIRTH (month, day, and year) Maul 30-1882	last saw h elive on type 1 19 deeth is said
. ACE Years Months Days If LESS than	to have occurred on the date stated above, at
73 4 16 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	1 down Ohem
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Cholingset 10%
10. Date deceased last worked at this occupation (month and 1932   11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town).	Other Contributory Causes of importance:
13. NAME Denge + eldenels Ituber	7 4
14. BIRTHPLACE (city or town)	Name of operation Date of Was there an autopsy?
15. MAIDEN NAMECalherine Weren	23. If death was due to externel ceuses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town).	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) 1637 h Wolfe Practs Ly	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Place Date Date 1,19	Manner of Injury
19. UNDERTAKER Hebers Helts (Address) 1606 auch Bulk (M)	24. Was disease or injury in any way related to occupation of deceased?
20, FILED/Agrai / 6, 10 30 - Stay hally Max Registrat.	(Signed). M. D.  (Address) La Uann Ref. M. D.
Alegistrar.	. (VIVOIVOO)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	1 week ago
1.2		1 week ago 3 days ago
May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Mus Hills

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(210-m)
County IN rev 60	Registration Dist, No. 245
Village or City policy and	No. St Ward
(li Length of residence in city or town where death occurred vrs. no	death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME Sister Thinkful (	can. (Sure Slaveu)
(a) Residence: No Blessed Sacrament	School Cheve Chase De.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE, OR DIFORCED (wrighthe word)	21. DATE OF DEATH 20 1935.
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
(or) WIFE of	22. 1 HEREBYICERTIFY, That I attended decassed from
1. 1003	July 20, 1933
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	l last saw had
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the data stated above, at
8. Trade, profession, or particular	were as follows:
SAWYER BOOKKEEPER atc.	(Mb) Accedent
Industry or business in which	
work was dona, as SILK MILL, SAW MILL, BANK, atc	medialo Really
10. Date deceased last worked at this occupation (month and spent in this	Mironing water
yaar) occupation occupation	
12. BIRTHPLACE (city or town) Salesburg. (State or country)	Other Contributory Causes of Importance:
13. NAME Slaver.	
(State or country)	Name of operation Date of
	What test confirmed diagnosis?
15. MAIDEN NAME Writter Ryaw.	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicida?
(State or country)	Where did injury occur? Well Collection May Defense (Specify city of town county and State May a
17. INFORMANT (Address) Hely David July 19	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
10 DUDIAL ODENIATION OF DENOVALS	Chula accident
Plate Date 8/21, 19 30	Mannar of Injury
() Record	Nature of injury humeble acat
19. UNDERTAKER (Address) 8/7 Ca . Que! (Saloros)	24. Was disaasa or injury in any way related to occupation of deceased?
" 21- h	(Signad) of acces the deling (A), colony M D
20. FILED LUCY 21, 19 35 Man Jan Dorrer	(Addrass) Glasse Dale
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	i i	Example II	
The principal cause of death and related of importance were as follows:  Arteriosclerosis	causes Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage SET 5	July 5,1927	Peritonitis	3 days ago
BUREAU	v. s.	300000000	
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Louis Gundling Parting corones

STATE OF MARYLAND—CERTIFICATE OF DEATH

If more blanks are moded address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Year)

Date of onset

Was there an autopsy?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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The principal cause of death and related causes of importance were as follows:  Arteriosclerosis   RFCEIVED	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset	
Chronic interstitiat nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage SEY 5	July 5, 1927	Peritonitis	3 days ago	
HUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Louis Gundling IP acting coroner Landon mid

V. S. No. 1

2. FULL NAME  (a) Residence: No. Upple Manual County Manual County of the county of th	STATE OF MARYLAND	CERTIFICATE OF DEATH 08973
Village or City	1. PLACE OF DEATH	119
Length of residence in city or town where death occurred yrs	County Trince Decrye	Registration Dist. No.
Length of residence in city or town where death occurred	Village or City Whhen marlboro	
(a) Residence: No. Upful Mulaphace of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR, OR RACE  9. SINCLE, MARRIED, WIDOWED, OR pivoRCED (write the world)  Sa. If married, widowed, or divorced HUSBAND or WIFE of Carry WIFE of	(b) (1) (1) +1	(If death occurred in a hospital or institution, give its NAIVIE instead of street and number)  mos. 2.3. ds. How long in U.S. if of foreign birth?
PERSONAL AND STATISTICAL PARTICULARS  J. SEX  A. COLOR, DR RACE  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED Swrite the word)  So. If married, widowed, or divorced HUSBAND, with the ord of the procession of the particular find of work done, as SPINNER, SAWER, BOOKEEPER, etc.  J. Indian of work done, as SPINNER, SAWER, BOOKEEPER, etc.  J. J. BRTHPLACE (city or town)  Salt or country)  Married  12. BIRTHPLACE (city or town)  Married  13. BIRTHPLACE (city or town)  Married  14. BIRTHPLACE (city or town)  Cistle or country)  Married  15. MAIDEN NAME  Married  Ma	2.//	Ct Ward
3. SEX Male  4. COLOR OR RACE OR DIVORCED (write the word)  58. If married, widowed, or divorced HUSBAND HUSBAND AGE  59. If married, widowed, or divorced HUSBAND HUSBAND AGE  7. AGE  7. AGE  7. AGE  8. Trede, profession, or perticular Rind of work done, as SPINNER, SANYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SPINNER, SANYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SPINNER, SANYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SPINNER, SANYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SPINNER, SANYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SPINNER, SANYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SPINNER, SANYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SPINNER, SANYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SPINNER, SANYER, BOOKKEEPER, etc. 9. Industry or business in miportance  Date of mary Were as follows:  12. BIRTHPLACE (city or town).  (State or country)  Manuel  13. NAME  14. BIRTHPLACE (city or town).  Manuel  15. MAIDEN NAME  16. BIRTHPLACE (city or town).  Manuel  16. BIRTHPLACE (city or town).  Manuel  17. INFORMANT  AGAINST		If nonresident give city or town and State
Male  White  OR DIVORCED (write the word)  Sength  OR DIVORCED (write the word)  Is at saw ham alive on Angle 23 1932 (death is a live on	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, dey, and year)	male thite OR DIVORCED (write the word	d) Gugust 23. 193 5
T. AGE  Years  Months  Days  If LESS than 1 day. hrs. or min.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of one were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of one were as follows:  Date of one  AVEX.  Date of one  This occupation (month and year)  Other Contributory Causes of importance  Other Contributory  Other	HUSBAND of	
7. AGE Years Months Days If LESS than 1 day, hrs. or min.  8. Trede, profession, or perticular Rind of work done as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which worked ete this occupation (month and years) spant in this occupation (month and year)  10. Date deceased last worked et this occupation (month and year)  12. BIRTHPLACE (city or town) Manual State or country)  13. NAME James Original State or country)  14. BIRTHPLACE (city or town) Manual State or country)  15. MAIDEN NAME Manual State or country)  16. BIRTHPLACE (city or town) Pances States or country)  17. INFORMANT James States or country Manual State or Specify city or town, country and State or country Manual State or country Manu	6. DATE OF BIRTH (month, dey, and year) man 1 st 1935	i last saw hem alive on ang 23 , 19,23; death is said
8. Trede, profession, or perticular find of work done as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation (month and year)  12. BIRTHPLACE (city or town). Other analysis occupation (State or country)  13. NAME James June June June June June June June June	7. AGE Years Months Days If LESS the	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
12. BIRTHPLACE (city or town)   Manual	8. Trede, profession, or perticular	
12. BIRTHPLACE (city or town)	SAWYER, BOOKKEEPER, etc.	Dec - Colitis - Demour
12. BIRTHPLACE (city or town)   Manual	work wes done, es SILK MILL,	10 143
12. BIRTHPLACE (city or town)	10. Date deceased last worked et   11. Total time (years)	
12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVALE  18. BURIAL, CREMATION, OR REMOVALE  (State or country)  Maryland  Name of operation  Name of operation  What test confirmed diagnosis?  Was there an autopsy?  23. If death wes due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury	This occupation (month and	
14. BIRTHPLACE (city or town) Prince George 60  What test confirmed diagnosis? Was there an autopsy?  15. MAIDEN NAME Programed E Taryman  16. BIRTHPLACE (city or town) Prince George 60  (State or country) Maryland  17. INFORMANT James I Smith (Address) Prince Maryland  18. BURIAL, CREMAJION, OR REMOVALE  Manner of injury  Manner of injury  Maryland  Manner of injury		Other Contributory Causes of importance:
14. BIRTHPLACE (city or town) Prince George 60  What test confirmed diagnosis? Was there an autopsy?  15. MAIDEN NAME Programed E Taryman  16. BIRTHPLACE (city or town) Prince George 60  (State or country) Maryland  17. INFORMANT James I Smith (Address) Prince Maryland  18. BURIAL, CREMAJION, OR REMOVALE  Manner of injury  Manner of injury  Maryland  Manner of injury	13. NAME James Orum Smith	· 1/2   1/2
15. MAIDEN NAME Mangaret E. Jayman  16. BIRTHPLACE (city or town) Prince George Go (State or country) Morrigania  17. INFORMANT James J. Smith (Address) Appen Marsborn  18. BURIAL, CREMATION, OR REMOVALE  19. Manner of injury  19. Manner of injury  23. If death wes due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?  Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Manner of injury	14. BIRTHPLACE (city or town) Prince Gurge 60	Province and the second
(Specify city or town, county and State)  17. INFORMANT James I Smith Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address) Upper Markborn Ind.  18. BURIAL, CREMATION, OR REMOVALS  Manner of injury  Manner of injury	15. MAIDEN NAME Mangaret P. Jasiman	
(Specify city or town, county and State)  17. INFORMANT James I Smith (Address) Whow marlbow mu!  18. BURIAL, CREMATION, OR REMOVAL	16. BIRTHPLACE (city or town) Prince George 60 (State or country) maryland	Accident, suicide, or homicide? Date of Injury, 19
18. BURIAL, CREMATION, OR REMOVAL		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Place Mt Carrnel Date Ciny 25, 19.33 Nature of injury		Manner of injury
	Place Mr Garmel Date Ciny 25, 19	Nature of injury
19. UNDERTAKER Ruscher Brokers  (Address) upper may true multiple		If so, specify
20. FILE (Signed) (Signed) M  (Address) Up fur marker had  If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. z.	A Registra	17. (Address) While marlow nud

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PHYSICIANS should state

stated EXACTLY.

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

certificate.

See instructions on back of

of OCCUPA-

Exact statement

STATE OF MARYLAND—CERTIFICATE OF DEATH

08974

1. PL	ACE OF DEATH			(31)			
Co	unty Prime &	carge			Registration D	ist. No. 22	3
Vil	lage or City Jakon	a parte		death occurred in a hospital or institu	gheny thon, give its NAME		Number)
Le	ngth of residence in city or town where	deeth occurred	3 yrsmos	ds. How long in U.S. if o	of foreign birth?	yrsm	10sds.
	LL NAME Daniel ) Residence: No. 210 al	10 ,	Fruit !	- Stark Ward.	16		
P	ERSONAL AND STATIST	1		MEDICAL C	ERTIFICATE	OF DEATH	1 State
3. SEX	4. COLOR OR RACE	5. SINGLE, MARK		21. DATE OF DEATH	LITTIOATE	OI BEATH	
ma	a white		(write the word)		(Month)	(Day)	, 193 5 (Year)
5a. If mare HUSI (or)	ried, widowed, or divorced  BAND of  WIFE-of  Many Ma	tilda In	wit		CERTIFY		
-	F BIRTH (month, day, and year)	mil 8,	1865	I lost saw h alive on	rugud 1	, 19.3.5	; death is said
7. AGE	Years Months	Days L3	If LESS than 1 day,hrs. ormin.	to have occurred on the date stete The PRINCIPAL CAUSE OF DEA' were as follows:		s of importance	Data of onset
NO 1 38. TO	8 Trade profession or particular			Chronic	Valuda	-1	
7 8	dustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	11. Total tii		Henrit Des	44-14	• • • • • • • • • • • • • • • • • • • •	firsterna
0 10.0	ate deceased last worked at this occupation (month and year)	Other Coutributory Causes of imp					
	PLACE (city or town)	Jud.	**************	Other Contributory Causes of Imp	harl X	<u> </u>	
13. N	AME Robert &	most	0	(mmile)	regum		anda
<u>                                      </u>	RTHPLACE (city or town) (State or country)	und	4	Name of operation	Chinical	Date of Was there an	autopsy? No
15. M	AIDEN NAME Inanga	ret Juli	ite	23. If death was due to external car	uses (VIOLENCE) fili	In aiso the following	g:
15. MAIDEN NAME Margaret white  16. BIRTHPLACE (city or town)  (State or country)			Accident, suicide, or homicide?				
17. INFORMANT Im Cline Sund.			Specify whether injury occurred i	(Specify city or t n INDUSTRY, in HOM	own, county and Sta ME, or in PUBLIC PL	te) .ACE.	
18. BURIAL, CREMATION, OR REMOVAL Place Date Date 2, 1935			Manner of injury				
19. UNDERTAKER (1) De la la Caracte (Address) 8/6 - H - To Caracte (Passer)				24. Was disease or injury in any w	ay related to occupa	tion of deceased?	200
20. FILED.	aug 2 1005 H	E Dog	Registrar.	(Signed) Man (Address) Lile	in By	schead my had	M. D.
						11	

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	Example I		Example II	
The principal cause of of importance were as f	1	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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	BUREAU V. S			
Other contributory caus	ses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

YSICIAN 0 国 stated should GE supplied. carefully

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-WRITE PL

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA-1. PLACE OF DEATH Registration Dist. No County Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?\_\_\_\_\_yrs.\_\_\_\_mos,\_\_\_\_ds. Length of residence in city or town where death occurred statement (a) Residence: No. (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH DIVORCED (write the word) was (Month) assified 5a. If married, widowed, or divorced HUSBAND of That I attended deceased from C certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE Months If LESS than Days 1 day, ..... hrs. **DEATH** and related causes of importance or ..... min. Date of onset Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, jo SAWYER, BOOKKEEPER, etc... 9. ladustry or business In which may back work was done, as SILK MILL, SAW MILL, BANK, etc .... 10. Date deceased last worked at On 11. Total time (years) this occupation (month and spent in this that occupation \_\_\_ instructions Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) terms. FATHER 13. NAME See 14. BIRTHPLACE (city or town) Name of operation. plain (State or country) What test confirmed diagnosis?\_\_\_\_\_ Was there an autopsy?\_ MOTHER very important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: ij. Accident, suicide, or homicide?\_\_\_\_\_ Date of injury\_\_\_\_\_\_ 19\_ DEATH 16. BIRTHPLACE (city or town (State or country) Where did Injury occur?\_\_\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. 17. INFORMANT OF (Address) CREMATION, OR REMOV. Manner of Injury is CAUSE TION Nature of injury 24. Was disease or injury in any way related to occupation of deceased?\_ 19. UNDERTAKER (Address) If so, specify (Signed) Registrar (Address) \_\_\_ If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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REXMINETVED		Example II	
The principal cause of death and related causes of importance were as follows: 3 1935	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial hephricil REAU V. S.	1921	Run over by street car	1 week ago
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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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ESER	INK
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STATE OF MARYLAND-CERTIFICATE OF DEATH PHYSICIANS should state of OCCUPA-RD. Every item of infor-Exact statement AGE should be stated EXACTLY properly classified. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. N. B.—WRITE PLAINLY, WITH UN TION is very important.

08976

1. PLACE OF DEATH	(213-d)
County Truck Jerg e	Registration Dist. No. 235
Village or City Not Rever Value Octomas	
Length of residence in city/or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME James /, Stark	If U.S. Veteran apecify WAR.
(a) Residence: No. 1 8 1 5 - 2 1 8 + 7 - 2	V.St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Yaar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) april 6, 1904	1   1   1   1   1   1   1   1   1   1
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, atm.
3 / 4 / 1 6   1 day,hrs. ormln.	The PRINCIPAL CAUSE OF DEATH and related causes of importance wera as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER,	Derocoming
SAWYER, BDDKKEEPER, etc.	
work was dona, as SILK MILL, Corpeutus	
kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc.  3. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and yaar) occupation.	
12. BIRTHPLACE (city or town)	Dther Contributory Causes of importance:
(State or country) Successive State	theoring brains with water
14. BIRTHPLACE (city or town)	
I4. BIRTHPLACE (city or town) (State or country)	Name of operation Data of
	What test confirmed diagnosis? Was there an autopsy?
Ŧ.	(23. If death was dua to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town)  (State or country)	Where did injury occur?
17. INFORMANT Lovell Re. Starif	(Specify city on town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Addrass) 8/5-2/87: Mis- Wood	De Mary J Cullus
Place Mach De Date aug - 27,193+	Manher of Injury
19. UNDERTAKER WW Chambes Co.  (Addiess) + 400 Chambes T. My.	24. Was disease or injury in any way related to occupation of deceased?
GUA 25 21 - That D. Halliet	(Signed)
20. FILED Registrar.	(Address) Upyer Maxlbora M1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
Jul 5,1927	Peritonitis	3 days ago
5.		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

ADDITIONAL	SPACE	FOR	<b>FURTHER</b>	STATEMENTS	BY	PHYSICIAN
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ARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	08977
County of rive yearge	Registration Dist. No. 2 42
Village or City Coller Prights	No. 6302 Homen St, Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Sylves, Elmo	7.0
(a) Residence: No. 6 302 Homes	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED.  OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Sylves	22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, end year)	I last saw h line alive on and 1 4 19 35; death is said
7. AGE Yeers Months Days / If LESS than	to heve occurred on the dete stated above, at 7.a.m.
59 9 10 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:
8. Trade, profession, or particular kind of work done, es SPINNER,	Heat Charation 8-120
SAWYER, BOOKKEEPER, etc.	73 -35
work was done, es SILK MILL, bleembring	
year) Occupation Occupation	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town)  (State or country)	Heat Cramps 8-13-33
13. NAME Sylve & Clen 14. BIRTHPLACE (city town)	
(State of Country)	Name of operation Date of What test confirmed diagnosis? Was there in autopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	23. If death wes due to external causes (VIOL ENCE) fill in elso the following:
O 16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide Date of injury 3 2 + 19 3
Color of Country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) 6 5 9 4 Hornes (St.	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury E Jacon Tollar
Plece Stashinglar W. C' Dato Lug. 14 - 35	Nature of injury Asat Slaustons Cample
19. UNDERTAKER ALANGMAN CANCELLANGE (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED LUIG 14, 1935 2 CONGRESITATION	(Signed) Theodore Sinckney M.D. (Address) 8/2-44 & N.E. D.
MA CHAUNT	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	25 THE PEOPLE
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis SEP 10 1955	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FÖR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

ì	County Prince George		Paciatratian Diet No. 237
			Registration Dist, No.
	Village or City maryland vark	(lf	NoSt.,St., death occurred in a horpital or institution, give its NAME instead of street and number
	Length of residence in city or town where death occurred 21	yrsmos.	ds. How long in U.S. if of foreign birth?yrsmos
2	. FULL NAME Estelle M. Cleuk	on	
	(a) Residence: No. Maryland Park		St., Ward.
	PERSONAL AND STATISTICAL PARTICL		If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. 5	SEX 4. COLOR OR RACE 5. SINGLE, MARRIEI		21. DATE OF DEATH
5	Gemale White OR DIVORCED (2	write the word)	aug 26, 193
_	If married, widowed, or divorced		(Month) (Day)
	HUSBAND of Wilson Territory		22. I HEREBY CERTIFY, That I attended decea
	DATE OF RIRTH (month day and year) 2 Mov. 13	1883	
_	DATE OF BIRTH (month, day, and yeer)	If LESS than	to have occurred on the date stated above, at state booking awards be
	5155 9 11 1	l day,hrs.	The PRINCIPAL CALLE OF DEATH-and related causes of importance
_	8. Trade, profession, or particular	A	were as ronows.
LON	kind of work done, es SPINNER, house swif	e	Gunshet wound in head
UPA	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		-(/
SC	10. Date deceased lest worked et   11. Total time	(years)	
_	this occupation (month and spent in year) occupation	ion	
12.	BIRTHPLACE (city or town) Tharles Count	ty	Other Contributory Causes of importance:
_	(State or country) maryland.		
HER	13. NAME	2	
FAT	14. BIRTHPLACE (city or town) Isagal, Chase	Co. ma	Neme of operation Dete of
EP.	(State or country)  15. MAIDEN NAME  alvee V. Sidle		What test confirmed diagnosis? Was there an autops
I I	cl a cl	1. C. m.	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
MOT	16. BIRTHPLACE (city or town) thermy grown (M	us co ina	Where did injury occur?
17	INFORMANT Mrs. agnes R. Buckley		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17.	(Address) Pisgan 6 harles Count	y md	Darry of Concleir,
18.	BURIAL, CREMATION OR REMOVAL	00- 21-	Manner of injery ketiling formery
-	Plece Janham mil Date ling.	×.Δ, 19.δ.Q.	Nature of injury.
19.	UNDERTAKER Pitchie Brothess		24. Wes disease or injury in any way releted to occupetion of deceased?
	(Address) When martine. h	20	If so, specify
20.	FILED TMJ (), 19)	Registrar.	(Signed)(Address)
_	for a		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholcsale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrito [? 5 1939	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.	•		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEME	ENTS BY PHYSICIAN
For information in sect per letter	

)	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
	JRD. Every i	HYSICIANS	statement :
	IT REC	CY. PI	Exact
AARGIN KESEKVED FOR BINDING	RMANEN	XACTI	classified.
FOK B	IS A PE	stated E	properly
E	HIS	pe	pe
SEKV	NK-T	should	it may
N KE	DING	AGE .	se that
AKG	UNFA	upplied.	terms,
j	WITH	efully s	in plain
	LAINLY,	ild be car	DEATH
5	P P	shou	OF
4	-WRIT	mation	CAUSE

N. B.-WRITE PLAINLY,

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08979
1. PLACE OF DEATH	59
County Prince Terror	Registration Dist. No. 276
Village or City Kayattonille md	No. Lyattonels my St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2/ 1	as. now long in 0.5. If of foreign dirth?yrsmosas.
2. FULL NAME Marry Vial	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR-RACE 5. SINGLE, MARRIED, WIOOWED,	21. DATE OF DEATH
male while OR DIVORCED (write the word)	aug 8 1935
5a. If married, widowed, or divorced HUSBANO ot	(Month) (Day) (Year)
HUSBANO ot (or) WIFE ot	22. I HEREBY CERTIFY, That I attended deceased from
0 1002	July 4, 1935, 10 aug 7, 1935
6. DATE OF BIRTH (month, day, and year) 2 1843	I last saw h alive on 1935; death is said
7. AGE 4/2 Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
ormin.	were as follows:
8. Trade, protession, or particular kind of work done, as SPINNER, Janner SAWYER, BOOKKEEPER, etc.	11 1 + 20 - 10 +
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oate deceased last worked at the correction (month and	disoles Militus / gr
Industry or business in which     work was done, as SILK MILL,     SAW MILL, BANK, etc	
10. Oate deceased last worked at this occupation (month and spent in this	
year) occupation occupation	Other Coutributary Causes of importance:
12. BIRTHPLACE (city or town) Rockville	Other Conditionary Chares of Importance.
(State or country) mg	
13. NAME CONROLL	
13. NAME 14. BIRTHPLACE (city or town) 1. Reserved.	Name of operation Rone Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Oate of Injury, 19
State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT LOT W Barle	Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Carthurshing	
18. BURIAL CREMATION, OR REMOVAL	Manner of Injury
Place Place Oate 11955	Nature of injury
19. UNDERTAKER To St. M. La Carles	24. Was disease or injury in any way related to occupation of deceased?
(Address) Carthersby may	If so, specify 700
20. FILED 13 John Rally M. D	(Signed) / C. J. Dermand M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example E   V E D		Example II	
The principal cause of death and related causes of importance were as follows: EP 6 1935	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis BUREAU V. S.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

-0.1 — WRITE PLACE, WITH UNFADING INK—THIS IS A PERMANENT RI RD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	R BINDING A PERMANENT RI RD. Every item of infored EXACTLY. PHYSICIANS should state
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	erly classified. Exact statement of OCCUPA
TION is very important See instructions on back of certificate	Postp.

	STATE OF MARYLAND	CERTIFICATE OF DEATH 08980
1	. / )	<u> </u>
	County June yearge	Registration Dist. No. 2-3/
	Village or City Tufello	NoSt., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
		ds. How long in U.S. if of foreign birth?yrsmosds.
2	FULL NAME Unknown stillbe	TL If U.S. Veteran specify WAR.
	(a) Residence: No.	St.,Ward.
County	If nonresident give city or town and State	
3. 3		MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
		chuzest / 193 6
5a.	If married, widowed, or divorced	(Month) (Day) (Year)
		22. I HEREBY CERTIFY, That i attended deceased from
	0.1-1.1935	i last saw h alive on, 19, 19, 19, deeth is said
-		to have occurred on the date stated above, atm.
	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
z	8. Trade, profession, or particular	Date of onset
TIO		Jemahre 3 month
UPAT	. Industry or business in which work was done, as SILK MILL,	Jelvo
၁၁၁		<u></u>
_	year) occupation	Other Contributory Causes of importance:
12.		Other Continuery Causes of timportance.
~		
HE	13. NAME Unknown	
FAT		Name of operation Date of
2		What test confirmed diagnosis?
THI		23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
MC		Where did injury occur?
17.	INFORMANT	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	(Address)	A D
18.		Manner of injury
	nell l'at	Nature of Injury Ge Charage Continue
19.	UNDERTAKER & Justing South	24. Was disease or injury in any way related to occupation of deceased?
	2/1/ 1/- 1	(Signed) Ham D. Haloney Blunnan M. D.
20.		(Midress) Anallsvilled, my
	If more blanks are needed address State Registrar	2427 N. Charles Street Baltimore Properties 71 S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis   RECL	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage SEP 0 B	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

Every item of infor-

of OCCUPA-

County PRINCE CEORGE	Registration Dist. No. 245
Village or City / usta manylous	No. St., Wa Gleath occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME LESLIE T. WOODRING	
(a) Residence: No. 913 md an HasH: DC (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE	21. DATE OF DEATH (fonth) (Day) (Year)
5a. If married, widowad, or divorcad HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased fi
6. DATE OF BIRTH (month, day, and year) may 25, 1904	I last saw h alive on, 19; death is s
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at
32 31 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada profession, or particular	Monogede Gas Joung Date of the
kind of work done, as SPINNER CONTRACTOR	1. II gl
Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc	elf admiliera
SAW MILL, BANK, etc. JS 4115 U 177 G  10. Date deceased last worked at 11. Total time (years)	
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation 12. R.:.	
12. BIRTHPLACE (city or town) HAZLEYON	Dther Contributory Causes of Importance:
(State or country) PENNA:	
13. NAME JEREMINER WOODRING	
14. BIRTHPLACE (city or town) HAZLETON	Name of operation
(State of country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME ELIZABETH CASKEY  16. BIRTHPLACE (city or town) HAZLE TON	23. If death was due to extarnal causes (VIOLENCS) fill in also the following:
16. BIRTHPLACE (city or town) HAZLE TON	Accident, suicide, or homicide?
(Stata or country)	Where did injury occur? Vista (Specify city or town, county and State)
17. INFORMANT L. V. Smith	Specify whether injury occurred in NDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 45-21 Stanford St. CHEVY-CHASEME	
18. BURIAL, CREMATION, DR REMOVAL Place HAZLE YON FA Date AUG 30, 1925	Manner of injury
67-11	7/1
19. UNDERTAKER + Saschs Sons	24. Was disease or injury in any way related to occupation of deceased?
(Address) Hyatsunke md	(Signed) Soung Churdling & Colon
20. FILED LING. 24, 19. 25 IMO. Jan. Deven	Alle Alle Alle Alle Alle Alle Alle Alle

If more blanks are maded, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis ECEIVED	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
SEP 5 1935			
Other contributory causes of importance: S.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN